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# MISSISSIPPI MEDICAL RECORD

A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY

EDITED BY

E. F. HOWARD B.S., M.D.

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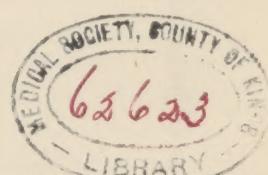
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# *Mississippi Medical Record.*

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## ORIGINAL CONTRIBUTIONS.

### \* SOME UNUSUAL PHENOMENA OBSERVED IN THREE TYPHOID CASES.

BY H. L. SUTHERLAND, M.D., ROSEDALE, MISS., PRESIDENT OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

CASE 1. On May 17th., 18th., and 19th., of 1902, I treated as fine a specimen of babyhood as I ever saw—a large-boned, fat, big headed boy twenty months old, son of one of my most highly esteemed friends. He had a diarrhoea from eating a large number of strawberries. This trouble lasted several days, but, while I did not visit him longer, he was not in his usual health up to the time of my next call to him, on June 19th, when I found his bowels again disordered and his afternoon temperature  $100.5^{\circ}$  F.

Supposing the fever to be autotoxic, I gave a calomel purge, but finding it still present on the second day, gave quinine from day to day in increasing doses as the temperature continued to rise higher each succeeding day until the fifth day, when it reached  $104^{\circ}$  F. A very annoying urticaria appeared at this time and the child seemed on the verge of convulsions, which I averted with chloral and bromide in sufficient doses to tranquilize. The urticaria persisted for forty-eight hours, and with its disappearance came a deep somnolence and marked tetany of both hands and feet. In about forty-eight hours from its first appearance, tetany was less marked in the thumbs, but there was no change as to the feet. My notes read: "The feet are extended to the utmost and cannot be forced back to normal angle with the leg. There is some relaxation during sleep, but a finger touch will renew their fixity."

\* Read before the Clarksdale and Six Counties Medical Society, December 10, 1902.

From the fifth day, when the temperature reached 104° F., the child did not speak or give any sign of consciousness until the fourteenth day of the disease, when he called his mother once. Blood taken on the tenth day gave the Widal reaction. There was not the slightest rigidity of nucha or spine, no nervousness from slamming doors or loud voices near him, no frowning, no photophobia, and no hyperesthesia except possibly of the arms and legs. His pupils were normal or slightly dilated, and responded readily to light; he did not cry or moan as if in pain, except in the afternoon of several days when he unmistakably had colic. He had no convulsive movements and sleep was tranquil, his respiration being like that of a sleeping child in health. His favorite posture was on his breast, turning himself unassisted. The only evidence of pain in the head was, at intervals, the occasional rolling of the head and a "turning up" of the nose and upper lip. From the seventh to the twenty-first day the temperature did not go over 101.5° F., the daily variation being usually from 99° F. to 100.5° F. On the eighteenth day the mother, having had fever several days, gave so little milk that I had to resort to other alimentation and, as he never liked cow's milk, I fed him on malted milk for two days, which he seemed to digest well, his bowels up to this time being in good condition. On the morning of the twentieth day his bowels acted well, being normal in consistence and color, and all seemed favorable except his mental condition and tetany, but at 10:30 A.M., I was hurriedly called, the nurse saying he had had a convulsion, and a few minutes after I reached the house he had other slight, transitory, convulsive movements, complete relaxation quickly succeeding. I swept out the bowels as quickly as possible, the stools being the color and consistence of the malted milk and of an offensive musty odor. At four P.M., this day, his temperature was 98° F.; pulse, 104; respiration, 22, and he had a more intelligent look, noticing a bunch of keys which I held over his head, following them with his eyes, and voluntarily turning himself on his breast he slept soundly four hours; but his temperature gradually rose during the night and by morning registered 100.4° F.

On the morning of the twenty-first day his bowels acted well; brown, and of a mushy consistence; and his general

condition seemed good, but at eleven A.M. he was seized with clonic convulsions, beginning each time in his hands and feet, extending up the limbs to his body and curving his spine like a rainbow, lasting only a few seconds and followed by complete relaxation in all muscles except those of the hands and feet, leaving not the slightest rigidity of nucha or spine and not increasing his pulse rate for more than a few minutes. These convulsive seizures became more frequent until his death, which occurred about noon of the twenty-second day. During the last twenty-four hours I noticed that every attempt at giving liquid by the mouth, or introduction of the thermometer by the rectum, evoked convulsions. A dark brown liquid was eructated, or flowed from his mouth without projectile force. A few hours before death petechiae covered his body.

What caused death in this case? If the temperature range is an index of the profundity of the infection in typhoid fever, this was a mild case. There were no serious bowel lesions, if any at all. If it was a meningeal complication, the cardinal symptoms were not in evidence. Curschmann says that whenever this complication is present it "is usually not confined to the brain alone, but far more frequently is cerebrospinal in distribution," and would cause "painful rigidity of the vertebral column, especially the cervical portion, and characteristic opisthotonus." This was not in the smallest degree present in this case, as I made careful daily examinations and each time found the neck and spine as flexible as in health. As characteristic of the typhoid state, we usually find "hebetude, lack of animation, indifference to surroundings and loss of special senses, especially the sense of hearing," and this child's indifference may have been caused by deafness. Brouardel mentions (Death and Sudden Death) a latent meningitis, the onset and progress of which is not marked by any of the classical symptoms, "and its existence is only discovered post mortem."

Tetany in children is not generally of serious import. The contractions do not last long, and as a rule are painless. It is developed on "a back ground of malnutrition," it occurs most frequently in gastro-intestinal disorders and may follow acute infections and septic conditions. I have never seen it mentioned as a complication in typhoid fever. By

Church it is classed with "Diseases of the Nervous System without known anatomical basis." Urticaria is likewise classed by the same writer, and it will be noted that it appeared in this case and gave rise to a serious condition. Kauffman, (*Prog. Med.* Mar. 1901) is inclined to believe it "due to toxic rather than reflex causes, though the two elements may co-exist." He considers it a "symptom and not an independant disease." Deaths from Tetany, however, are recorded. This case very clearly illustrates the value of the Widal reaction. From the step-like ascent of the temperature up to the fifth day, when the fastigium was reached, and the complete failure of quinine to arrest it, I had made a guarded diagnosis of typhoid before the seventh day, which was confirmed by the laboratory report, and but for this assurance, when the complications so completely overshadowed the real disease, I would have been in doubt as to the correctness of my diagnosis.

CASE 2. In the months of March and April, 1902, I treated seven cases of typhoid fever, with positive Widal reaction in each case, in a family of eleven persons, only one of whom presented unusual phenomena. This was a bright mulatto girl, nineteen years of age and of robust build. She had been ill several days when I first saw her and her afternoon temperature was 105° F., reaching that point every afternoon for a week or more. Beginning with the early part of the third week, she menstruated profusely for six days, this being her regular period. Her pulse was 120, and feeble; her abdomen tender and spleen much enlarged. There was also very free oozing of blood from the gums, fauces and nares, and petechiae appeared over her legs and body; there was one at the outer canthus of each eye as large as a silver quarter-dollar. There were present metrorrhism, subsultus tendinum and floccilation, but no hemorrhage from the bowels. Her baby-like intellect and piping voice made her truly a pitiable object. Curschman observes that sixty per cent. of women in typhoid do not menstruate and that "profuse uterine hemorrhage at the height of the disease is rare and of ominous import." This case made an exception to the rule, notwithstanding there were eleven persons, seven of whom had the disease at one time, in a house of two small rooms. -

**CASE 3.** Presented no unusual phenomena, except that it was an apyretic case with marked psychic disturbance in the early stage of the disease. A rosy-cheeked, healthy, happy school girl of seventeen years, who was devoted to her brothers, suddenly became morose and shut herself in her room, saying that her brothers no longer loved her and she wanted to go away. They were greatly distressed, as they thought her insane, and consulted me as to getting her a place in one of our insane hospitals. I called to see her, and after examination gave it as my opinion that she had typhoid fever; had her put to bed and put on proper diet. Her afternoon temperature was never higher than 99.5° F., except one evening when it reached 100° F. In about fifteen or eighteen days her tongue was clean, appetite had returned, and there was not a suspicion of insanity left. Curschman recalls two cases, similar to this, which were sent to an insane hospital for treatment. In our examinations for juries of lunacy, we should be careful to exclude the delirium of the typhoid state, especially when negroes make the affidavit, as delirium and insanity are synonymous terms with them. In whites we should be doubly careful, to avoid placing the stigma of insanity on a family.

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#### THE STATE BOARD OF HEALTH: ITS OPPORTUNITY.

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H. M. FOLKES, M.D., BILOXI, MISS., MEMBER STATE BOARD OF HEALTH FROM SIXTH DISTRICT.

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The chief usefulness of a Health Board is to prevent disease. This may be done in various ways. With us in past years the State Board of Health has endeavored to do this chiefly through the agency of quarantine, covering unused moneys back into the state treasury at the close of the fiscal year. During the period of ten years immediately preceding 1897, there were covered back into the treasury one hundred and twenty thousand dollars, in round numbers. It is my purpose in this paper to point out a line of work for the State Board which will redound to the advantage of the entire state in general and the medical fraternity in particular. The

law distinctly states that "it is the duty of the State Board to supervise the health interests of the people, to investigate the causes and means of prevention of epidemics and epidemic disease, the sources of mortality and the effects of localities, habits, employments and conditions upon the public health, etc."—[Section 2271, Chapter 60, Code 1892].

It distinctly delegates to the State Board of Health authority "to engage expert services to make practical or scientific examinations and to aid in anything necessary to enable the Board to effectually perform its duties."—[Section 2280, Chapter 60, Code 1892].

With these facts before us it is a source of profound regret that the Board did not see its way clear to the utilization of some or all of this one hundred and twenty thousand dollars in the building and maintaining of a Bacteriological Laboratory and its adjuncts.

At present when a Mississippi physician wishes to have a Widal test, or a test of exudate or any other examples of bacteriological microscopy, made he has to send out of the state to have it done. That this is true is no reproach to the profession in the state, because having no large cities, no one man could afford to put in the necessary laboratory for the performance of this class of work. It thus became an imperative duty on the part of officialdom to take this work in hand, and officialdom in this instance should certainly mean the State Board of Health. For the past two years the annual appropriation for the State Board of Health has been \$5,000, an amount totally inadequate in itself to carry through such an undertaking. But a beginning has to be made and it is incumbent upon us to blaze the way. Doubtless so soon as the legislative bodies recognize the crying necessity of such an institution, adequate appropriation will certainly be made. Furthermore, the present State Board of Health should by all means be the one to carry through to completion this institution. Owing to its extensive experience it should emulate the example of the Massachusetts State Board of Health, which has a world-wide reputation for original and absolutely reliable work in discovering sources of infection in milk, water and other food supplies, and whose efforts have been untiring in the prevention of disease and investigating its origin. In view of the scanty appropriation, in

order to make a start, the members of the Board should be willing to donate their *per diem* towards the fund, looking to the purchase of proper furnishing for such a laboratory which, together with every dollar over and above the absolutely essential expenditures out of the \$5,000, would be a respectable nucleus with which to purchase these supplies.

The Board of Public Contracts or the officials in charge of the new capitol building should be requested to set apart a room or rooms in this magnificent structure, where could be begun in a small way this work so essential for the proper safe-guarding of the health of our people. It might be urged by the unthinking that such a laboratory would be a source of danger, but by properly equipping and conducting it, it should not prove so, as has proved the case in all such institutions when properly handled. Much more might be said upon this subject, but sufficient has been said to set in motion a train of thought which, in time, should bear fruit. At the next meeting of the State Board of Health, I intend to introduce a resolution embodying the features set forth above.

## ABSTRACTS AND EXTRACTS.

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### Pneumonia.

Brown, *Virginia Medical Semi-monthly*, Nov. 21, 1902, writing of the "Present Day Mortality of Pneumonia" says that according to the Vital Statistical Report of the registered area of the United States, in the Twelfth Census Bulletin of August 20, 1901, pneumonia holds leading place in the death column, having been the cause of death in 1900 in 55,296 instances—*i. e.*, 191.9 persons in 100,000 population.

One of the chiefest factors, operating as a recent causal agent, may be the great fourth pandemic of influenza. Another factor may be the lessened death rate of the new-born and infants from intestinal disease. Many infants kept alive in delicate health may readily succumb before childhood is over to pneumonia. At the other end of life the years have been increased, the average life in the United States having been raised 4.1 years in the last decade, and a greater number of aged lungs may become ready victims of pneumonia.

The common use of alcohol to excess, the rheumatic and gouty diathesis of modern every-day life, the concentration and overcrowding of city living, the dusty and filth-laden air of the city street way, all may tend to increase the rate of death from pneumonia.

Pneumonia is now classed as an infectious disease. The germ is facultative anaerobic and grows in alkaline culture media. In the dry state it possesses great virulence for a long time, especially when fostered in dessicated sputum.

As to the communicability of this disease, epidemics but too surely give evidence. "The public education and profession tutorage of the masses, followed in the masterly fight of these latter years against the increase of tuberculosis, may be well repeated in the fight that should be made against the further increase of pneumonia death rate."

Wells, *Journal of the American Medical Association*, November 15, 1902, says that the prevalence of pneumonia is notably increasing. It is the greatest medical problem of the day.

It is an acute infectious disease, due to the presence and growth of the pneumococcus in the pulmonary alveoli. It probably obtains entrance from the upper respiratory passages, where it may be found, without producing any obvious deleterious effects, in a large proportion of healthy persons. The pneumococcus is cultivated with difficulty and does not lend itself readily to saprophytic existence. It has not been found in the air. Its method of transportation is a matter of conjecture. The various strains of pneumococci vary in their morphologic characteristics and especially in their virility. In its growth the bacterium produces certain toxins which are the chief causes of the symptoms of pneumonia and which, later, probably cause the death of the pneumococcus. It is not destroyed by most of the ordinary antiseptics and its capsule is only acted on by alkalies and ethers.

Although the death rate of pneumonia may not be materially greater than formerly, it is certain that the deaths from pneumonia, in proportion to the population and deaths from all causes, have very considerably increased during the past century. Statistics showing that the death rate has not materially changed in the past six decades, the conclusion must be that the malady has increased. That this is due to a degeneration in the people is disproved by the fact that the average duration of human life has materially increased. Therefore the inference must be drawn that the pneumococcus has become more prevalent, or that our opportu-

ties for encountering the germ have been multiplied. Probably both bear a share of the responsibility.

"If the natural habitat of the pneumococcus is the upper respiratory passages of man, and if it here finds its best culture media, and if these pneumococcus-laden secretions are extruded in such manner that they find their way, as spray or dust, into the respiratory passages of other unaffected persons, then the very general absolute and proportional increase of urban populations, the increased facilities for travel and the universal tendency for people everywhere, in city and in country, to congregate and mingle together, is clearly sufficient to account for much, if not the whole, of the increased prevalence of pneumonia."

"There is one contributory cause of pneumonia which, though not demonstrable, I believe to be operative and which deserves special mention; I refer to the weakening of the respiratory reflexes, especially during sleep, which follows chilling of the surface of the physically and mentally exhausted body."

The following advice as to prophylaxis is given:

"For individual prophylaxis the nasal, pharyngeal and oral cavities should be kept as free as possible from accumulations of mucus, and when it has been demonstrated that such secretion contains the pneumococcus such efforts should be especially well directed and maintained. In addition, care should be taken not to become chilled when overtired. The individual should, as far as practicable, keep out of range of the extruded pneumococcus-laden secretions of infected individuals. The sputum and other secretions of the respiratory surfaces of pneumonic patients, or of other infected individuals, should be destroyed before it has been allowed to become dry. Such persons should cough and sneeze into a moistened cloth.

For communal prophylaxis the information and advice above given should be kept before physicians, with the request that, if they can consistently do so, they give it as their instructions to their patients."

*The International Medical Magazine*, November 1902, publishes the following:

"ON THE PRESENCE OF MICRO-ORGANISMS IN THE BLOOD IN PNEUMONIA.—Prochaska (*Deutsch. Arch. Klin. Med.*, 1901, S. 557) examined the blood in 40 cases of pneumonia for the presence of bacteria. The blood was obtained from a superficial vein after proper disinfection. In every one of them micro-organisms were found—38 times pneumococci, along-

side of which in a few cases some other bacteria were found. In the 2 cases where pneumococci were absent, streptococci were found, suggesting the possibility of a streptococcus pneumonia. It has been thus demonstrated that the specific cause of pneumonia, the pneumococcus, is constantly found in the blood of pneumonics, which makes the appearance of complications intelligible to us. The bacteria were found on the second day of the disease, also a few days after defervescence. The number of micro-organisms does not seem to depend upon the severity of the attack."

Concerning the occurrence and treatment of Lobar Pneumonia in young children, Coutts, *Edinburgh Medical Journal*, September 1902, writes as follows:

In infants the apices of the lungs are much more frequently the sites of attack than in adults, in croupous pneumonia. This predilection affords valuable aid in discriminating between the two forms of the complaint as it is a matter of extreme rarity for the signs of broncho-pneumonia to be limited to, or even predominate at, one apex.

There is nothing in the nature of a specific treatment of croupous pneumonia, either in the way of shortening its duration or of modifying its course. Fortunately the majority of cases in children call for no active medical treatment. In the matter of diet one point requires special consideration. The strain on the system being great and noticeable, nurses are apt to administer a larger quantity of food than is necessary or desirable, in the attempt to counteract it. This may add considerably to the discomfort of the patient, even though no digestive disturbance be apparent. While in the majority of cases of broncho-pneumonia there is great need of alcoholic stimulation, this is not the case in croupous pneumonia in children. Generally the need of it occurs often after the crisis than during the acute stage of the complaint. The patient should be given an ample allowance of drinking-water.

The chief points in the active treatment of croupous pneumonia in children are comprised in the efforts to control the excess of temperature, to alleviate pain, to procure sleep and to relieve the strain upon the right heart. In reducing temperature by the application of external cold, tepid sponging is best. When pain is associated with hyperpyrexia and insomnia in the onset of the disease, opium must be considered. Occasionally local treatment is necessary, in which case one or two leeches applied to the affected side is the best remedy. The ice-bag is apt to cause collapse. When leeches are not available, dry-cupping may be substituted. In the treatment of cardiac failure, strychnine is of great value.

With the exception of alcohol it is the only drug on which any firm reliance can be placed.

Wilcox, *American Journal of the Medical Sciences*, advocates the use of carbonate of creosote in pneumonia. Ca-soute and Corgier reported that with the use of creosote carbonate in fairly large doses a typical fall of temperature occurred within twenty-four hours, and that apyrexia followed the continued use of the drug. It was said that relapses and sequelae were conspicuous by their absence.

The author's experience covers thirty-three cases, with no deaths. In nine instances the disease terminated by lysis, in twenty-four by crisis. Aside from the remarkable reduction in mortality, the increased percentage of cases in which crisis occurred is suggestive as to the true significance of that phenomenon and is the argument for the value of the remedy in nullifying the bacterial activity and its results.

The summary is as follows: 1. Continuous, persistent and generous administration of creosote carbonate; 2. careful adjustment of mechanical conditions; 3. thorough evacuation of toxins by all possible ways; 4. temporary supplemental oxygen by inhalation; 5. liquid diet until physical signs disappear.

To be avoided are antipyretics, opiates, ill-advised external applications and slowly-acting heart remedies.

Spitta, *British Medical Journal*, November 15th. 1902, reports a case of lobar pneumonia in a child seventeen months old. The patient was poorly developed and weakly. On the tenth day the left elbow joint became tender and painful. A pure culture of the pneumococcus was obtained from the fluid. On the seventeenth day the physical signs of empyema were noted and pus was aspirated from the base of the lung. Culture showed the presence of the pneumococcus. Similar results were found on making an examination of the blood. On the forty-seventh day symptoms of meningeal involvement appeared, and pneumococci were obtained from the cerebro-spinal fluid. Death took place four days later. The autopsy showed broncho-pneumonia, plastic pericarditis and dilated heart.

Van Zandt, *Medical Record*, October 11th. 1902, collecting statistics on the use of creosote and creosotal in pneumonia received the following replies to his questions:

1. Do you believe creosote ever aborts pneumonia? Thirty-seven physicians, reporting 762 cases, said "Yes"; fifteen, reporting 187 cases, said "No"; nineteen, reporting 177, failed to answer.

2. Do you believe the majority of cases are mitigated by it? Fifty-seven, reporting 1022 cases, answered "Yes"; two, reporting 10 cases, said "No"; the remainder failed to answer.

3. Have you ever found cases which, having plenty of time, were entirely uninfluenced by it? Twenty-three said "Yes"; thirty-one, "No"; and sixteen failed to answer.

Of 1130 cases reported, 56 were fatal, 24 being accounted for as follows: 12 were complicated, 9 were over the age of 67, 3 were alcoholics, 1 was far advanced when treatment was begun and 1 used "creosote products." The mortality in this series is a little over 5 per cent. and, as the recognized death-rate is 25 per cent. the author claims that the treatment saved 226 lives.

*The New York Medical Journal*, December 8th, 1902, abstracts the following from *Zeitschrift fur dietatische und physikalische Therapie*, Vol. V., Heft. 1:

"Brieger says that a rational system of combating pneumonia by means of hydrotherapy can only be perfected by a knowledge of the biological characteristics of the bacterium which causes the disease. The theoretical action of hydrotherapy in pneumonia due to the invasion of various germs is the destruction of the toxines, the promotion of the formation of antitoxines, the multiplication of leucocytes, and the presence of a greater amount of water in the blood—in other words a cure by the methods of nature. The author says that, inasmuch as pneumococci and streptococci are found in the blood in severe cases, these should be regarded as instances of sepsis, and should, therefore, be treated accordingly, *i.e.*, by means of baths, douches, alcohol, etc. Too cold baths, however, will drive the bacteria in the blood into the internal organs, and thus destroy the latter rapidly. In this way we may explain the symptoms of collapse following the very cold baths that are given by some clinicians. Yet, cold baths, in virtue of their stimulation to the processes of oxidation, destroy the toxic substances that thus circulate in the blood, provided, of course, that the inflammation has not involved a large portion of the lung. As the critical perspiration brings on a lowering of the temperature, it is well to promote this event by the use of mild hydrotherapeutic measures, such as the use of warm baths, and in children the dry pack is of great value and is well borne even by the weakest ones. In adults these procedures are not well applicable, as they are very uncomfortable under this treatment. In old persons they should be avoided, as they may be even dangerous. In such cases packs about the breast with room-

temperature water are of benefit, and these are specially applicable in cases that complicate influenza. During the packs the patient should receive warm drinks and a moderate amount of alcohol."

## THERAPEUTICS.

Duckworth considers a warm bed and good nursing the essentials in the treatment of pneumonia. The diet should be liquid. For hyperpyrexia, sponge with ice water or give quinine in five grain doses every two hours. Opium is of benefit in some cases in which there is no reason to suppose that the kidneys are involved. Heart failure is to be combated with inhalations of oxygen and hypodermatic injections of strychnine. Brandy is the best alcoholic stimulant. An ample supply of pure water should be allowed. In the winter hot poultices may be applied to the affected side, but in hot weather cotton wool sprinkled with spirits of camphor gives very good results.

Taylor, *Medical News*, November 8th, 1902, has been using salicylate of sodium in the treatment of pneumonia. The treatment as outlined by Dr. Sebring is to give doses of eight or ten grains once in two hours, using other remedies as occasion warrants. Taylor advises doses of fifteen grains once in four hours and medium doses of veratrum viride and aconite combined, until the temperature falls, when the dose of sodium is lessened, all the time using the mixture of turpentine and lard on the chest, with a covering of flannel and a rubber dam. With this treatment, opiates are seldom needed, the sodium seeming to keep the patient easy. A little cod-eine or heroin combined with muriate of ammonia, etc., to alleviate the cough, was usually the only narcotic that entered the treatment.

## SOCIETY PROCEEDINGS.

### **The Clarksdale and Six Counties Medical Society.**

In answer to a call made for that purpose, nearly half a hundred physicians of Bolivar, Coahoma, Quitman, Sunflower, Tallahatchie and Tunica counties met in the Knights of Pythias Hall, Clarksdale, Miss., at 2:30 p.m., Wednesday, December 10th, 1902 to organize a medical society.

Dr. H. L. Sutherland, of Rosedale was made temporary chairman, and Dr. L. D. Harrison temporary secretary. Drs. Nelson, of Tunica; Carder, of Lula; Taylor, of Ruleville; Mid-

dleton, of Swan Lake; and McCalip, of Cleveland, were appointed as a committee on organization.

Pending the report of this committee Dr. J. B. McElroy, of Stovall, reported a very interesting case of typhoid, and the case and subject were generally discussed.

The committee on organization reported, adopting essentially the constitution and by-laws proposed by the American Medical Association for county societies.

The name adopted is The Clarksdale and Six Counties Medical Society. The domicile is Clarksdale, and the meetings are to be held the second Wednesdays in March, June, September and December of each year.

At the night session the following officers were elected for 1903:

President, Dr. J. Alexander of Tunica.

Vice-President for Bolivar county, Dr. J. M. Wells, of Cleveland; for Coahoma county, Dr. W. W. Stewart, Clarksdale; for Quitman county, Dr. F. M. Brougher, Belen; for Tallahatchie county, Dr. J. B. Middleton, Swan Lake; for Tunica county, Dr. J. P. Hitt, Clayton; for Sunflower county, Dr. J. M. Taylor, Ruleville.

Secretary, Dr. L. D. Harrison, Clarksdale.

Treasurer, Dr. J. W. Gray, Jr., Clarksdale.

Board of Censors, Drs. E. H. Martin, Clarksdale, 1 year; H. L. Sutherland, Rosedale, 2 years; J. S. Brooks, Robbinsville, 3 years.

Delegates to State Medical Association: Bolivar county, Dr. W. D. McCalip, Cleveland; Coahoma county, Dr. J. B. McElroy, Stovall; Quitman county, Dr. J. B. Stone, Belen; Sunflower county, Dr. J. W. Lucas, Morehead; Tallahatchie county, Dr. J. B. Biles, Sumner; Tunica county, Dr. W. J. Nelson, Tunica.

The *Mississippi Medical Record* was chosen as the official organ of the society.

Dr. Sutherland, of Rosedale, read a very interesting paper reporting three cases of typhoid, and the discussion following was full of good points.

A general discussion of syphilis next ensued.

Pneumonia was by consent selected as the special subject to be considered at the next meeting.

A rising vote of thanks was given to Dr. and Mrs. E. H. Martin for the hospitality enjoyed at the reception at their residence during the afternoon recess, and to the ladies and gentlemen there so ably assisting.

The Society then adjourned until the second Wednesday in March, 1903.

## ***EDITORIAL.***

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H. H. HARALSON, M.D.

E. F. HOWARD, B.S., M.D.

**VICKSBURG, MISSISSIPPI.**

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Acting along the lines proposed by the American Medical Association, some forty physicians representing six counties of the north delta met in Clarksdale, December 10th. 1902, and organized the "Clarksdale and Six Counties (Bolivar, Coahoma, Quitman, Sunflower, Tallahatchie and Tunica) Medical Society. The attendance at the inaugural meeting was somewhat remarkable, considering the distance that some of the members came, and shows very conclusively the interest taken in organization of the profession by the physicians of the delta. No small amount of credit must be given to Dr. E. H. Martin, of Clarksdale, who worked untiringly to promote the success of the meeting. Beginning some months ago he got out circulars announcing the approaching event, and from that time until the date of meeting did everything that could have been done to make it a success. The reception tendered by him to the society was easily the event of the occasion.

Usually at such meetings the perfection of organization is considered work enough, and if this is accomplished the members feel that they have deserved congratulations, but these wide-awake doctors did even more. Papers were read by Drs. McElroy, of Stovall, and Sutherland, of Rosedale, and the general interest in them shown by the members who took part in the discussions was most gratifying. The management had also secured the co-operation of dealers, and attractive displays by Alban & Williams, instrument makers, of Memphis, and Blakiston's Son & Co., the well-known publishers, of Philadelphia, added much to the interest of the occasion.

With such a start this society cannot but compel the success that it deserves, and the physicians of the north delta are indeed to be congratulated that they have taken this

means to provide themselves with an organization that will give them the privileges and social advantages of a local society, together with the benefit that is only to be derived from those of larger size and greater territorial area.

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The "capital city" has taken a step in advance that is of special interest to the medical profession. On November 25th., the Jackson Sanatorium made its bow to the public and opened its doors to the sick and infirm of the state. A recent letter from a medical man of Jackson speaks of the enterprise as follows: "As you well know, Jackson is pushing forward and keeping ahead in the general march of advancement in the south. The medical profession, always in sympathy with whatever of enterprise that adds good to the community, is pretty generally united and working harmoniously to keep fully abreast with the progress of the age. Much credit is due Dr. Julius Crisler for his energy in working up an interest in the Sanatorium, but owing to continued illness he was prevented from recent active service. Dr. J. H. Rhodes then stepped into the breach and facing all opposition worked faithfully to fulfill what the former had begun, and now he, with all of us, has been rewarded for his arduous labors."

The Sanatorium is centrally located, being near the post-office and easily reached on the street cars. Its furnishings are up-to-date and it will maintain a training school for nurses. It is supplied with electrical and bacteriological laboratories and furnishes free ambulance service. "The Sanatorium is open to all respectable physicians, who can have absolute control of their patients and the nurse attending." The rates are reasonable. "Room, board and nursing \$14.00 to \$21.00 per week; with an extra fee of \$3.00 to \$5.00 in surgical cases."

Jackson is indeed to be congratulated at having been so completely supplied with one of the chief necessities of metropolitan existence, but even more so in the possession of citizens who are able and public-spirited enough to promote such an enterprise. With such a start and with such men in control, the institution cannot but compel a well-deserved success.

Those of Vicksburg's physicians who for the past few months have been working up an interest in medical institutions are soon to reap the reward of their labors in the form of an Infirmary as complete and modern as any in the south. The Vicksburg Infirmary will be domiciled in a handsome, three-story, brick building of the Colonial style, situated on Harrison Street within one block of Cherry, in the residence part of the city and convenient to the street cars. It will have a frontage of one-hundred feet on Harrison Street, and one hundred and twenty on Vick. The interior of the building will be completely remodeled, and rendered sanitary by the replacement of all ceilings, walls and floors. The latest appliances in the way of elevators, lighting and heating will be at the service of its inmates, and the kitchen and laundry will be fully equipped to cater to their comfort.

The south-west wing of the upper floor will be set apart for the treatment of patients, and will be completely equipped with operating rooms, among which will be one devoted to electrical appliances.

Trained nurses will be in attendance, and it is proposed in the near future to establish a training school, so that nurses may be supplied to private families for home nursing.

All physicians, whether stockholders or not, will have equal rights in the Infirmary, where patients of all schools of medicine, of all classes, colors and races, can obtain those comforts that have done so much to minimize the terrors of the sick-room.

This institution, for many years so badly needed, will be managed by a stock company composed of leading physicians and business men of the city, local capital having been utilized. Work will be begun on the building as soon as possession can be obtained, and it is an assured fact that the next ninety days will see Vicksburg so placed in this respect that she will have no superiors and few equals.

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At a meeting of administrative officers of boards of health, representing Missouri, Kansas, Illinois, Nebraska and New Mexico, held in Kansas City, November 17th. 1902, it was resolved that—

Since a higher standard of medical education is desired, and all recognize the value of experience as a qualification

and desire to do justice to the veterans of the profession, and since reciprocity must be based on these sentiments;

For those graduating in medicine hereafter reciprocity in license should be based on :

Uniformity in preliminary entrance requirements,

Uniformity in the length and character of the course.

Uniformity in the character of the examination, and

Uniformity in legislative enactments that shall permit or authorize reciprocity.

Other resolutions defined the sense of the meeting as to the four points on which uniformity is required as

1. a documentary evidence under oath of a three years' high school education;

2. a medical course of four terms, of seven months each, taken in four separate years, each term to show a minimum of eight hundred hours actual work;

3. examinations in anatomy, bacteriology, chemistry, materia medica, therapeutics, obstetrics, gynecology, pathology, physiology, practice of medicine and surgery; and

4. power vested in the licensing boards to accept in lieu of an examination all of the following: a diploma from a recognized medical school, a license from a reciprocating state board of health or licensing board, a certificate from the state board of health where the applicant last resided showing at least ten years of reputable practice since graduation from a recognized medical school school.

We believe in reciprocity. We even expect to live to see it. But we have never yet seen a plan that seemed to us practicable. Take the above four requirements and dissect them and some glaring objections are only too evident.

1. An average three years' high school education is not a very high standard, nor are all high schools of equal standard. Moreover, many a man who never saw the inside of a high school is better fitted mentally to engage in the study of medicine than the average high school graduate.

2. So long as competition runs high and medical schools are not endowed, so long as they are dependant for their existence upon the students' fees, just so long will the catalogue of the school mean one thing and the private arrange-

ments of the Dean with the students mean another. We do not wish to be understood as reflecting on the heads of our medical colleges, for there must necessarily come times when the enforcement of the letter of the law would mean the turning down of some worthy man, but in such a case as the proposed plan would present evading the letter of the law would surely cause trouble.

3. Who is to speak for the quality of these examinations? Every graduate knows that many examinations are farces, especially when oral.

4. Who is to define what is meant by the term "recognized" as applied to medical colleges, or who is to have the power of recognition? It would not take long for this latter to get into politics and then the fat would be in the fire with a vengeance.

It is a big matter, a very big matter, and one of which we do not see the solution though we believe that it will be solved, but the riddle has not by any means been read by these gentlemen representing these five boards of health.

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It is not generally known that from December 28, 1901, to December 5, 1902, thirty-nine deaths from bubonic plague were reported, as having occurred in the United States, to the Surgeon General, M. H. S. All of these deaths are reported from San Francisco, Cal. Surely it is time more active measures were being taken to prevent its spread. That it is on the increase the following figures clearly show:

From December 12, 1901, to June 12, 1902, (six months) six cases and five deaths.

From July 13 to November 18, 1902, (four months) thirty-four cases and thirty-four deaths.

These figures certainly show an alarming increase that should arouse general public interest.

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PHYSICIANS IN INDIANA.—According to the annual report just published by the State Board of Medical Examination and Registration, there are 5880 physicians in Indiana, of whom 685 are in Marion County.

## BOOK REVIEWS.

**The Mattison Method in Morphinism**—A Modern and Humane Treatment of the Morphin Disease, by J. B. Mattison, M.D., Medical Director, Brooklyn Home for Narcotic Inebriates. Cloth 12 mo. Price, post paid, One Dollar. E. B. Treat & Co., New York.

This book—the outcome of thirty years study and experience—gives, in detail, a method of treating the morphin disease, original with the writer, and long practiced by him with success. Dr. Mattison is a high authority on the treatment of Morphinism, having a long and large experience with the better class of morphinists, and asserts his method in advance of all others—in cases eligible for its use—to secure two leading objects—minimum duration of treatment and maximum freedom from pain.

**Loboratory Exercises in Bacteriology**, by A. J. Smith, M. D., Professor of Pathology in the University of Texas, Galveston. P. Blackiston's Son & Co., Philadelphia. Net \$1.50.

This is a resume of lectures and instruction devised by Prof. Smith for his students. It is eminently practical and concise, and fills the purpose for which it is intended.

**Mortuary Report of Vicksburg.**

(Computed from the monthly report of the City Physician)

FOR NOVEMBER 1902.

| CAUSE                                | WHITE |        | COLORED |        | TOTAL |
|--------------------------------------|-------|--------|---------|--------|-------|
|                                      | Male  | Female | Male    | Female |       |
| Anemia, Pernicious .....             | 1     |        |         |        | 1     |
| Apoplexy....                         |       | 1      |         |        | 1     |
| Bronchitis.....                      |       |        | 2       |        | 2     |
| Epithelioma.....                     | 1     |        |         |        | 1     |
| Fever, Malaria, Unclassified .....   |       |        |         | 1      | 1     |
| " Typhoid.....                       |       |        | 1       |        | 1     |
| Heart Disease, Mitral Insuffic.....  |       |        | 1       | 1      | 1     |
| " " Aortic " .....                   |       |        | 1       |        | 1     |
| Jaundice, Malignant.....             |       | 1      |         |        | 1     |
| Marasmus.....                        |       |        | 1       |        | 1     |
| Meningitis.....                      | 1     |        |         |        | 1     |
| Nephritis, Chronic.....              |       | 1      |         |        | 1     |
| Tuberculosis, Pulmonary.....         | 1     | 1      |         |        | 2     |
| " Intestinal.....                    | 1     |        |         |        | 1     |
| Found Dead (Coroner's verdict) ..... |       |        | 1       |        | 1     |
| Cause not given .....                |       |        | 2       | 2      | 4     |
|                                      | 5     | 4      | 8       | 4      | 21    |

Population of the city (estimated)—Whites, 7,500; colored, 7,500; total, 15,000.

## MEDICAL NEWS AND MISCELLANY.

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The many friends of Dr. H. S. Gully of Meridian will be pleased to learn that he has entirely recovered from his recent attack of pneumonia.

Dr. Folkes continues to investigate and prosecute illegal practitioners. Drs. Jarnagan and Rohmer, of Hancock County, were convicted November 27th. 1902. Dr. Jarnagan was fined \$100.00 and sentenced to jail for thirty days, but as he was not present, forfeit was taken upon his bond. Dr. Rohmer received the same sentence, but it was suspended on his promise to return to college and try to perfect himself for examination before the state board.

The *Progreso Medico*, Havana, April 1902, publishes an article by Drs. Diago and Benitez, the superintendent and the chief of the laboratory of Hospital No. 1, Havana, in which after citing six cases of anaemia that had come under their observation they conclude as follows :

"To sum up the results obtained with the employment of Pepto-Mangan (Gude) in the treatment of anæmias, we may say conscientiously, that it is the best remedy we know of for this purpose, and that we do not hesitate to commend it to the medical profession at large, and especially to our confreres in Cuba, as an iron preparation that possesses all the advantages that can be demanded of such a remedy and none of the disadvantages that are characteristic of other iron preparations. We would especially emphasize also that Pepto-Mangan (Gude) is very pleasant to the taste, and is most easily taken by patients of all ages and with the most delicate digestions."

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

The Vicksburg Medical Association celebrated its third anniversary December the ninth. The retiring president, Dr. H. H. Haralson, entertained the members at a most enjoyable dinner at the Piazza Hotel. Officers elected for the ensuing year were: President, Dr. R. A. Quin; Vice-president, Dr. H. B. Wilson; Secretary and Treasurer, Dr. E. F. Howard.

The Jackson Sanatorium is now open for the reception of all kinds of patients except those of an infectious or contagious form of disease. The rooms are large, and have an outward opening which will allow plenty of sunshine and fresh air. Furniture new and neat, the beds being large size, so that patients can have plenty of room.

The operating room is thoroughly lighted and ventilated, and the furnishings are second to none in quality; it is a model of neatness. The Sanatorium will have access also to an X-Ray Laboratory supplied with the latest electrical appliances for giving Galvanic, Faradic and Static Currents.

Also prepared to examine specimens of blood, sputum, urine and pathological lesions, which is necessary in making diagnosis in obscure cases. Full directions for preparing specimens, &c., sent on application.

Massage Treatment given in all cases necessary. Free ambulance will be furnished all patients to and from trains. Parties outside of Sanatorium can secure at a moderate cost nurses and ambulance to accompany them to trains.

The Sanatorium is open to all respectable physicians, who can have absolute control of their patients and the nurse

# LISTERINE

The standard antiseptic for both internal and external use.

**NON-TOXIC, NON-IRRITANT, NON-ESCHAROTIC—Absolutely Safe, Agreeable and Convenient.**

LISTERINE is taken as the standard of antiseptic preparations:

The imitators all say, "It is something like LISTERINE."

BECAUSE of its intrinsic antiseptic value and unvariable uniformity, LISTERINE may be relied upon to make and maintain surgically clean—aseptic—all living tissues.

IT IS AN EXCELLENT and very effective means of conveying to the innermost recesses and folds of the mucous membranes, that mild and efficient mineral antiseptic, boracic acid, which it holds in perfect solution; and whilst there is no possibility of poisonous effect through the absorption of LISTERINE, its power to neutralize the products of putrefaction (thus preventing septic absorption) has been most satisfactorily determined.

*A special pamphlet on catarrhal disorders may be had upon application.*

For diseases of the uric acid diathesis:

## LAMBERT'S LITHIATED HYDRANGEA

A remedy of acknowledged value in treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing:

**LAMBERT PHARMACAL CO., SAINT LOUIS**

*Be assured of genuine Listerine by purchasing an original package.*

## TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

Colchicin, 1-20 grain.  
Phytolaccin, 1-10 grain.  
Solanin, 1-3 grain.  
Soda Salicylate, 10 grains.  
Iodic Acid, equal to 7-32 grains Iodine. Aromatic Cordial. Dose, 1 to 2 drachms in water. 8-oz. bottle, \$1.00.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

## THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC

Each drachm contains  
Proto-Chlor. Iron 1-8 gr.;  
Bi-Chlor. Mercury, 1-128 gr.; Chloride Arsenic, 1-280 gr.; Calisaya Cordial. Dose, 1 to 2 drachms. 8-oz. bottle, \$1.00.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

## MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

Nascent Chemic Union of Maizenic Acid — from Green Corn Silk — with Lithium, forming Maizenate-Lithium. Two grs. to drachm. Dose 1 to 2 drachms. 8-oz. bottle, \$1.00.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

attending. Physicians in near-by towns can treat their patients here, or designate what physician is wanted.

There will also be a Training School for Nurses in connection with the Sanatorium. Trained nurses can be furnished the public on short notice upon application.

Terms: Room, board and nursing \$14 to \$21 per week.

Special nurses day and night at reasonable rates.

In all surgical cases an extra fee of \$3 to \$5 is charged.

All fees in advance.

For further information address

J. H. RHODES, M. D.,  
President.

NEW ORLEANS POLYCLINIC.—Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information address NEW ORLEANS POLYCLINIC, POSTOFFICE BOX 797, NEW ORLEANS, LA.

FOR SALE.—Two thousand dollars will buy a Drug Store and Practice in Mississippi. Good railroad town, one thousand inhabitants. Average sales in drug store \$14.00 per day. Practice \$2,000.00 per annum. Terms easy. Address Editors MISSISSIPPI MEDICAL RECORD.

**AN AQUEOUS PLACEBO.**—A famous French physician of the Second Empire is said to have given the following prescription to a hypochondriac patient who worried him :

|                    |         | Grams. |
|--------------------|---------|--------|
| Aqua fontis        | - - - - | 100    |
| Illa repetita      | - - - - | 40     |
| Eadem stillata     | - - - - | 12     |
| Hydrogeni protoxyd | - - - - | 0.82   |
| Nil aliud          | - - - - | 1.25   |

One drop thrice daily. This elixir, it is said, cured a large number of neurotics about the Court and in Parisian society. But it got the doctor into trouble at last through the indiscretion of a pharmacist. A *grande dame de par le monde*, as Brantom would have called her, who had taken it for years with blind faith and unfailing success and recommended it to her friends as an infallible remedy for most human ailments, in an evil hour allowed herself to give way to the curiosity which proved the ruin of Eve. Consumed with eagerness to know the secret of the composition of the wonderful panaca, she submitted the document containing the mysterious formula to all the initiated whom she came across. At last she found one who revealed the fatal secret. What explanation the physician attempted is not recorded, but there can be little doubt that the outraged lady explained her attitude in language more picturesque than polite.—*The British Medical Journal*.

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#### **A Most Seasonable Suggestion.**

As the time is fast approaching when there is a demand for cough remedies, it will not be amiss to present a suggestion and a good remedy. In place of opiates which always dry up expectoration, disturb digestion, cause constipation, and render the patient uncomfortable and drowsy, it is desirable to employ the most efficient and popular cough sedative of the present day, namely : Antikannia & Heroin Tablets. This remedy relieves cough by its soothing effect upon the air-passages, but does not interfere with expectoration, and, in fact, renders it easier by stimulating the respiratory muscles. Only a very small dose, one tablet, every one, two or three hours, for adults, is required to produce a satisfactory result.—*Notes on New Pharm. Products*.

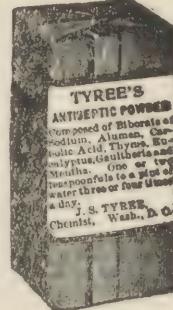
# Doctor, Does this Interest You?

A powder, very inexpensive, which, when dissolved in water, makes a pleasant, non-irritating, non-poisonous lotion, not staining the linen, and which has a

## SPECIFIC ACTION



against those peculiar pathogenic germs which infest the genito-urinary organs (male as well as female); hence is a never-fail-remedy for



## LEUCORRHEA GONORRHEA and GLEET

If intelligently used according to directions, it will CURE all cases, including the acute cases and the stubborn chronic ones as well.

Also very effective in Pruritus of the genital regions. The formula is given, and the preparation is advertised in a strictly ethical way to the medical profession only.

A 2-oz. box of Pulv. Antiseptic Comp. (enough to make two gallons of antiseptic lotion) will be sent, once only, for 10 cents, if you mention this journal. (This would make about seven dollars' worth of the usual bottled antiseptic solutions.)

This is all pure capital—you pay for no water. You can take it with you—no liquids to carry.

## J. S. TYREE, Chemist, WASHINGTON, D.C.

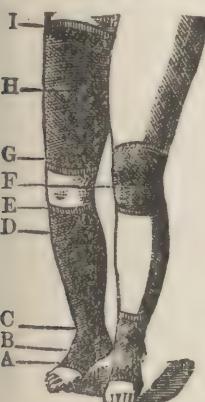
## FLAVELL'S ELASTIC TRUSSES.

Can be Worn Day and Night.



### PNEUMATIC PADS

Give circumference of Abdomen on line of Rupture. State if for Right or Left.



### ELASTIC STOCKINGS.

Give exact Circumference and length in all cases.

NET PRICE TO PHYSICIANS.

|        | Stout  | Fine   | Silk   | Silk  | Thread |
|--------|--------|--------|--------|-------|--------|
|        | each.  | each.  | each.  | each. | each.  |
| A to E | \$2 50 | \$2 00 | \$1 50 |       |        |
| A to G | 4 25   | 3 50   | 2 50   |       |        |
| A to I | 6 00   | 5 00   | 4 50   |       |        |
| C to E | 1 50   | 1 25   | 1 00   |       |        |
| E to G | 1 50   | 1 25   | 1 00   |       |        |
| A to C | 1 50   | 1 25   | 1 00   |       |        |

Goods sent by Mail upon receipt of price. Safe delivery guaranteed.

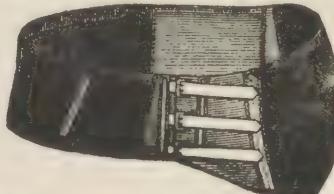
Send your orders direct to

**G. W. FLAVELL & BRO.,**

1005 Spring Garden St., Philadelphia, Pa.

## ABDOMINAL SUPPORTER

Give exact circumference of abdomen at K, L, M.

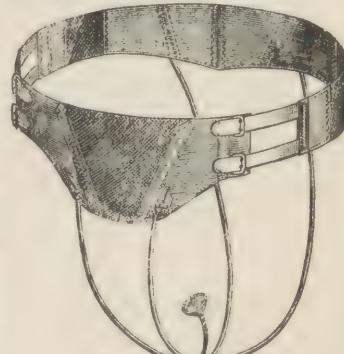


Silk Elastic ..... \$3 25  
Thread Elastic ..... \$2 50

## FLAVELL'S UTERINE SUPPORTER.

WE SOLICIT THE PHYSICIAN'S PATRONAGE DIRECT.  
Give Measure 2 inches below  
Navel.

State if for Prolapsus, Retroversion or Anteversion.



Net Price to Physicians, \$2.50.

**NEGROES AND COCAIN.**—William H. Johnson of the Bureau of Labor and Charities, New York, has called on the citizens of Syracuse to alleviate the condition of a large percentage of Syracuse negroes. He states that every crime committed in that city in the past two years has been committed by a cocaine fiend. He charges this increase to the looseness of druggists who sell the drug openly. Many normal school graduates among the negroes have become addicted to the drug, and there are many who have had to leave school.

**DEFENSE OF THE ACCUSED EDDYITES.**—In the recent argument on the demurrer to the indictments at White Plains, so many new and interesting legal points were raised by the Eddyites that Judge Platt requested the lawyers to submit briefs. The chief contentions of the defense are: That under the constitution the members of the Eddyite Church have a right to liberty of thought and the use of their faculties; that there is no law which compels medical attendance, and that there is no law compelling a parent to give his or her child drugs.

**MONUMENT FOR VIRCHOW.**—The German committee in charge of the celebration in honor of Virchow's eightieth birthday is collecting funds to a monument to his memory. The undersigned will receive and acknowledge contributions: Drs. Frank Billings, president of the American Medical Association, 100 State Street, Chicago; Thomas D. Coleman, 505 Greene Street, Augusta, Ga.; A. Jacobi, 19 East 47th Street, New York City; W. W. Keen, 1729 Chestnut Street, Philadelphia; and Wm. H. Welch, 935 St. Paul Street, Baltimore.

**OSTEOPATH FINED.**—E. M. Herring, Asbury Park, N. J., an osteopath, has been fined by Judge Heisley of the Monmouth County Court \$100 and costs, for unlawful practice of medicine. The judge held that the application of hands in the treatment of a disease was a remedy in the same sense as the application of drugs. This is the first case of the kind in the state. The medical law has been sustained by the Court of Errors and Appeals in all cases heretofore tried for unlawful practice.

**FINED FOR INFRACTIONS OF LAW.**—Dr. Agnes Karlstoe, New York City, was convicted, November 26, of practicing medicine without a license, and fined \$150. She paid the fine and promised to leave the country. On the same day Dr. Luigi de Ambrosio was convicted of the same offense and fined \$250. Dr. John Lo Pinto was tried on the charges of failing to report a case of contagious disease and of issuing a false death certificate, found guilty of both offenses as charged, and fined \$250.

For chronic coughs and colds and weak lungs there is no greater remedy than Scott's Emulsion. This preparation not only cures the local trouble but it also strengthens the system so that the cause of all the difficulty is removed. This is more than merely overcoming the local irritation.

Samples free.

SCOTT & BOWNE, Chemists,  
409 PEARL STREET,  
NEW YORK.

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CHRISTIAN SCIENCE, like other freak religions, has broken down when confronted by the law. Mrs. Mary G. Baker Eddy employs a better lawyer than the coroner in the Quimby case, and he has told her that the leader of a sect which kills patients can be held legally responsible. She is too old, too rich, too luxuriously comfortable to go to prison in defense of her teachings, and so she abandons them. Millionaires are never martyrs. Her order that Christian Scientists shall no longer undertake to heal contagious and infectious diseases is a confession that they cannot heal any disease. Until the threat to arrest Mrs. Eddy for the death of the Quimby child was published, she had steadfastly denied that diseases exist. To be ill, to complain of aches and pains, was "error." Faith in Christian Science could cure all things, from a dead child to a broken wrist. Now, rather than struggle against "public thought" and the law, she is willing to concede that there are some diseases with which Christian Science must not meddle, and so she hopes to enjoy her wealth in peace. Her renunciation may not affect the silly persons who believe in her or the shrewd persons who are making money out of her vagaries; but it will prevent the conversion of new members, and Christian Science will gradually die out, like Mormonism and Spiritualism, its predecessors.

**EDDYITES INDICTED.**—Mr. John Carroll Lathrop, the “healer,” and Mr. and Mrs. Quimby of White Plains, New York, have been indicted by the Westchester County grand jury on the charge of manslaughter in the second degree, and have been held in \$2,000 bail each. The case grew out of the neglect to call in a physician to Esther Quimby, who was suffering from diphtheria, and whose life, it was contended, might have been saved by proper treatment. The case has attracted considerable attention, not only because these are said to be the first indictments for manslaughter in such a case in the state, but also because public indignation was very justly aroused by the fact that while one of the Quimby children was ill at home the sister was allowed to continue in attendance at school, and the board of health was not notified until a few hours before the death.—*Journal American Medical Association.*

**WAR ON MILK FROM DISTILLERY FED COWS.**—The health officer of Louisville, Ky., has begun war on the dairymen who feed distillery slop in violation of the city ordinance prohibiting its use. Three dairymen have been indicted in the city court and the Dairyman’s Protective Association has issued a card claiming that “milk yielded by cows fed on distillery slop is of healthful quality, rich in butter fats; in fact, good or better milk than is produced by cows fed exclusively on dry feed.” They claim that the tests of the health department prove this fact, that they feed slop with other feed and submit it to a heat of 160 degrees before it is fed, and that there is no alcohol in the material. The health department is seriously considering the advisability of publishing the names of the dairymen licensed to vend milk in the city and what material is used by them for feed.

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Extract from “Treatment of Diphtheria” by Dr. J. W. Pearce, in *American Practitioner & News*, July 15th, 1902:

“To briefly relate, this is the way I treat diphtheria, and I have never lost a case. If I can get perfectly fresh antitoxin I give it, but if it cannot be had perfectly fresh I do not. Whether antitoxin is given or not, I give eethol in full doses appropriate to the age of the patient, every three hours, administered by the mouth. The entire fauces, larynx, and pharynx are sprayed with a mixture of eethol and peroxide of hydrogen, three parts of the former to one of the latter, every fifteen to thirty minutes. Calomel in small doses is administered every hour until the bowels are thoroughly moved. Nourishing and supportive diet is given at short, regular intervals, and everything done to make the patient comfortable in the way of supplying fresh air, etc. I have been using this plan, modifying it to suit the needs of each individual case, for several years, and cannot recommend it in too glowing terms to my fellow practitioners, knowing that it will give good results and entire satisfaction if it is carefully and effectively administered and carried out. Nothing can save a patient in articulo mortis, and it is needless to try this in such cases hoping to do something.”

# *Mississippi Medical Record.*

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## ORIGINAL CONTRIBUTIONS.

### \*CREOSOTE.

BY CORNELIUS SKINNER M. D., LOUISVILLE, KENTUCKY.

The paper at our last meeting (on the uses and abuses of arsenic) was provocative of so much discussion, and the expression of such wide differences of opinion regarding the dose of, and results from, one of our common remedies that I have thought it well to also leave the usual subjects of cases and diseases and present for consideration the application of another drug: I refer to Creosote or Carbolic Acid—being one and the same thing.

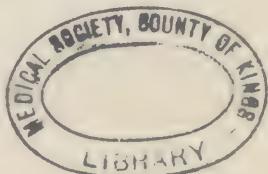
Potter describes carbolic acid as a phenyl alcohol derived from the distillation of coal tar, and in the form of a crystalline powder. Creosote he gives as a phenol mixture composed largely of guaiacol and creosol, and as an oily fluid; and both of practically the same physiological action and therapeutic application, but because of their unpleasant taste, rather disagreeable to administer by the mouth.

Carbolic acid is used almost exclusively in surgery as a local application while creosote, with its almost tasteless compounds, is used for internal medication. The doses of the two are the same, viz: from one to five minims administered in a watery solution, capsules with olive or cod liver oil, or tablet triturates.

Creosote, because of its unpleasant taste and danger of irritation when given in large doses, is to be given only in small doses and well covered, and preferably at meal time.

The tasteless compounds (though all unofficial) are several, and have the virtue of being tasteless as well as non-irritating to the stomach.

\*Read before the Louisville Medico-Chirurgical Society.



1. Guaiacol—liquid, dose one to five minimis.
2. Guaiacol carbonate—powder, dose three to five grains. Duotol.
3. Creosote carbonate, or creosotol—liquid, dose three to five minimis.
4. Benzosol—powder, dose five to fifteen grains, which I am very fond of, and use quite liberally in a certain class of cases.

Realizing that the general field of medicine and surgery in which this drug may be used is far too extensive for this paper, I will leave it open for the discussion, and confine the essay to the use of creosote in alimentary disturbances.

I believe it is now generally conceded by the profession that the alimentary canal, from orifice to orifice, is the richest microbial field extant, either in or upon the body. Note the dread of the general surgeon of perforation in penetrating wounds of the cavity in all emergency cases, or even of accidental wounding of the gut in abdominal sections. Where do you find a more rapid pyogenesis than in some forms of appendicitis, giving us pus, perforation, peritonitis and death in thirty-six hours? The orificial surgeon has long since given up the hope of making his operative field aseptic, and feels perfectly at ease with a fair washing of the hands and instruments.

With these bacteriologically demonstrated facts, can we wonder at the vast number of dyspeptics with their flatulent bellies, sympathetic heart diseases, blind headaches, vertigo, foul tongues and loss of flesh? The wonder I say is, how can any man escape.

Nature can and will do many wonderful things for our protection and preservation, but there come times when she seems to be overpowered and it becomes necessary to give her a lift, and this brings us to ask the means—which to my mind is answered in creosote; to be given in capsules, diluted in some bland oil, a watery solution or tablet triturates.

I find that these small and at the same time efficient doses, while unpleasant at first to the taste, are best for adults for the simple reason that the drug must be continued for a considerable time and the unpleasantness passes off. Some people I have known to become rather fond of it.

A favorite combination with me, and one which I find meets most cases of intestinal fermentation, is composed of creosote, tincture of capsicum, tincture of nux vomica and elixir of calisaya, given at the meal.

The last drugs are given for their gastric stimulating and general tonic effect, and I have never given this combination in these cases where the patients were not improved. They all take on fat—which by the way, they need. Acute diarrhoeas in infants and children are relieved by creosote which is best given in the tablets, with dose ranging from one-tenth to one minim. It is almost impossible to administer the drug to children in any other form.

Benzosol in five grain capsules has a very happy effect in dysentery when given three times a day or every four hours—but should follow a purge with some saline. Benzosol is said to be insoluble in the stomach, but is broken up by the alkaline fluids of the small gut into guaiacol, which is fifty-four per cent., and benzoic acid—both good germicides.

Benzosol is best given alone, and may be combined with quinine, which of course, in this locality, is always of service.

To digress, that other splendid intestinal antiseptic, known as salol, will not combine with benzosol without changing the two powders to a liquid; but as salol owes its germicidal properties to the fact that it is broken up by the intestinal fluids into salicylic acid and phenol compounds, this combination is not called for.

I have found benzosol of considerable value in typhoid fever as an intestinal disinfectant, lessening tympany, promoting healing and hindering septic absorption and re-infection. I am inclined to the opinion that the danger of hemorrhage and perforation is reduced to the minimum.

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**A PRELIMINARY REPORT ON TETRA-ETHYL-AMMONIUM-HYDRATE AND SOLUTION OF CHLORIDE OF PLATINUM.\***

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BY JOSEPH W. IRWIN M. D., LOUISVILLE, KY.

A few months ago my attention was called to a new remedy, tetra-ethyl-ammonium-hydrate. It was said to be the greatest uric acid solvent known, that it had been pre-

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\*Abstracted from proceedings of the Louisville Clinical Society.

pared by Schuchardt, of Goerlitz, and subsequently by Merck, that it could be obtained at pleasure from druggists in a short time after prescribing it. To further show that it was a very valuable remedy, I was informed that Edison had been using the drug by cataphoresis.

I had several cases on hand that needed a uric acid solvent, and for which I prescribed the drug about sixty days ago. There were several cases of chronic rheumatism, and three cases of rheumatic arthritis or rheumatic deformans.

In one of the cases of chronic rheumatism, that had been going the rounds for a number of years, the gentleman had been passing eighteen or twenty ounces of urine daily before the administration of the drug. I prescribed it in the usual recommended doses, viz: five to ten minims of a ten per cent. solution of the tetra-ethyl-ammonium-hydrate in mixture three times a day. I may say here that it has a bitter, slightly aromatic taste, rather pungent. It is about as bitter as strychnine.

After administering the drug for a few days I found that the patient's joints began to grow supple. There was no marked diminution of the stiffening for the first two days; after three days I found that the joints had become more limber, and much to my surprise, the action on the kidneys proved positive, as, beginning with the third day, the man passed ninety-five ounces of urine in the twenty-four hours. I gave seven and a half minims at a dose, three times a day. I consider it a very valuable drug.

I have given this preparation now about sixty days to that patient and he has no pain anywhere. The joints have become supple, and some of the swelling seems to have disappeared.

The second case was one of rheumatic deformans in a lady who had been sick for sixteen years, almost bedridden. I administered to her for the first few days five drops of the preparation three times daily, then increased it to ten drops three times a day. She has now been taking it for a month. She is able to get about with much more comfort than she did before, and the swelling about the joints, even the nodosities, appear to have diminished in size. When she commenced taking the drug she was voiding from twenty-four

to twenty-six ounces of urine a day, now she is voiding from eighty to eighty-six. The effect upon the kidneys seems to be positive in these two cases.

I have prescribed the drug for about a dozen patients, in Louisville, and for others out of Louisville. In all I have used about one pound of the ten per cent. solution of tetra-ethyl-ammonium-hydrate, always administering it after meals well diluted with water, with the result of causing an increased amount of urine in every instance, though not so markedly as in the two cases mentioned. Diminution of pain in every case has been well marked, there has been increased suppleness about the joints, and even apparent diminution of both new and old deposits.

I saw about three months ago for the first time a lady who had some stomach trouble. Examination of the contents of the stomach made by a chemist showed that there was a deficiency of hydrochloric acid. There was no tumor, there was a little difficulty in swallowing, and when she tried to drink rapidly fluid would be regurgitated through the mouth. Upon listening with the stethoscope I found that fluid trickled into the stomach, and there appeared to be decided narrowing of the esophagus at the gastric orifice. There was some soreness at that point; there was no vomiting, a great amount of gas was present; loss of appetite and constant emaciation. I could not discover any thickening at any point in the stomach, as it is very difficult to reach the esophageal end of the stomach. I tried giving the patient solids and watched the process of swallowing. A portion of the food would be regurgitated after it got down near the lower end of the esophagus. When she swallowed fluids slowly the process would be carried on without much trouble, but when she swallowed rapidly quite a portion would be regurgitated.

In this case I feared the presence of cancer. I found a deficiency of hydrochloric acid in the contents of the stomach, a sample being obtained with a very small tube about the size of a number twelve soft catheter. This was the largest size of tube that could be inserted into the stomach which showed that there was considerable narrowing. I believe the case is one of cancer of the stomach; the history, age of the woman (fifty-four years) and the cachexia

which was present all pointed to this conclusion. There was a history of two cases of cancer in the family on the maternal side.

I prescribed a new drug which has been recently recommended in these cases, and I think with very happy results: the solution of the chloride of platinum. I gave at first one drop of this solution three times a day; it had the effect of stimulating the heart's action, and causing a rise in temperature of about half a degree, lasting for half an hour after its administration. I increased the dose from one drop of a one per cent. solution up to five drops, and intend to increase it to ten minims. After using the drug for two weeks I found the patient could swallow better; she could assimilate food better and now she is beginning to gain weight. She has gained four pounds in the last two weeks. I found that I could also introduce into the stomach a tube double the size of the first one without causing the patient pain or inconvenience.

In view of these facts I carried the same line of treatment into effect in another case of cancer of the stomach. The patient, a woman, was given at first one minim of the one per cent. solution of chloride of platinum, afterward the dose was increased to five minims, well diluted with water. She now has been taking the drug two weeks. As in the first case, it has the effect of lessening pain and making the patient much more comfortable. In this case there is a well defined tumor not far from the pyloric end of the stomach. The woman has lost forty-six pounds in weight within the last eight months, which was the first time I was able to diagnosticate her trouble as cancer. There were all the clinical signs of cancer present without analysis of the stomach contents. There was pain which came on in the afternoon lasting a few hours, then coming on again about four o'clock in the morning and lasting for a short time. After the administration of platinum chloride for a few days pain ceased and the cachexia is disappearing. There is more suppleness of the skin, and it is not as dry as it was before the administration of this drug. Moisture appears on the body. What the final result will be in this case I do not know, but it is evident the tumor has not grown any larger in the last three weeks.

I do not know how the drug acts: it appears to have no effect on any organ except to stimulate the heart's action; it has no appreciable effect upon the kidneys or bowels, but it does create a tendency to take more food, which evidently conduces to a better state of nutrition.

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## ABSTRACTS AND EXTRACTS.

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### Tuberculosis.

McGahey writing in the *Medical News*, October 11th. 1902, on the subject "How much do we positively know about tuberculosis? A plea for the tuberculous" says that the alarm caused among the laity in regard to the infection of tuberculosis is unwarranted and a cause of much suffering and discomfort.

"We have agreed to call diseases in which we find the tubercle bacilli, tuberculous. From this agreement we have jumped to the conclusion that the bacilli are the prime cause of the disease, and as tuberculous patients disseminate bacilli, they spread the disease likewise." Diseases such as scarlatina, smallpox, gonorrhœa, syphilis, etc., are caused primarily by their micro-organisms, for anyone inoculated is liable to these diseases at least once in his life, regardless of the condition of his health. But tuberculosis occupies a different place. Cases are cited in which a large number of persons of a very susceptible race, the Indian, were exposed to infection from patients in the last stages of tuberculosis without any spread of the disease, and this although the period of exposure lasted some time. Cases are also cited among white people which "undoubtedly prove that it takes more than an atmosphere loaded with bacilli to produce the disease."

"We know that—not all children of tuberculous parents die of the disease, nor do all children of the non-tuberculous escape it. Neither do all persons of a tuberculous type contract the disease, or those of a non-tuberculous type remain free from its ravages. Some people weakened by disease are attacked by it; others, seemingly equally feeble, remain non-infected."

"People with syphilis and gonorrhœa have been treated by us with so much consideration that we have never

thought of instructing those around them how dangerous they may be. These diseases are more infectious than tuberculosis as they are contracted by those having no special susceptibility. Nevertheless we have trusted to the patient that he would take the necessary precautions."

*Medical News*, Dec. 20th, 1902, summarizes Cipollina's (*Gazz. Osped.*, Nov. 9th, 1902) "Identity of Human and Bovine Tuberculosis" as follows:

"In order to determine the possibility of infection with bovine tuberculosis through ingestion of infected milk, the author administered it to a healthy monkey, in whom the tuberculin test was negative, daily portions of milk infected with bovine tuberculosis during a period of one month; at the end of which time the animal commenced to decline, lost flesh and developed a cough; and at the end of three months, died of tuberculosis. Autopsy showed a tuberculous peritonitis, tumefaction and caseation of the mesenteric glands, liver and spleen infiltrated with tuberculous nodules, the latter being much increased in size. A few superficial nodules were seen in the external coat of the gastro-intestinal tube, but the mucosa of both stomach and intestine was entirely normal with the exception of a few hemorrhagic spots in the colon corresponding to groups of mesenteric glands which had adhered to the intestinal wall. Some nodules were seen in the kidneys, and the lungs showed tuberculous infiltration. The author believes the experiment to be not without value in that it shows a generalized tuberculosis, the origin of which in infected milk is unquestionable, and that the tubercle bacillus may pass through the intestinal mucosa without giving rise to primary lesions in that locality."

Dinwiddie, *Journal American Medical Association*, Dec. 20th, 1902, writing of the "Intertransmissibility of Human and Bovine Tuberculosis," draws the following deductions:

"From the foregoing data we have now presented to us the task of deciding whether the experimental evidence tends to support or to refute the view that human consumption may at times have its origin by contagion from cattle. I can best introduce my own views on this matter by a quotation from my first report on tuberculosis, already referred to: 'It can not be said that the facts here presented remove the question in any degree out of the domain of speculation. They really furnish more food for theorizing, and may diminish or increase our suspicion of dairy products according to the process of reasoning employed. It may be argued, for instance, since bovine tubercle bacilli have been shown to be equally as virulent as those of human origin for all animals tested, and more virulent for some, the presumption is that

they are more virulent for mankind also. Contrarywise it may be said that human tubercle bacilli being shown to be less adapted for growth in cattle than the bacilli of bovine origin, there is reason for believing that the converse may also be true.' 'If the bovine bacillus be regarded as merely a more highly virulent modification of the human variety, this should be shown by the greater gravity of lesions produced by comparative inoculation experiments on all species of susceptible animals. If, however, there is a selective feature shown by such inoculations, the excess of virulence of the bovine variety being manifested only toward certain species of animals, some support would be gained for the theory of a distinction of races other than that founded on a mere difference in degree of pathogenic activity.'

The tests necessary to determine this latter point have since then been made and the records are contained in my second report on tuberculosis (1900).

The bovine tubercle bacillus has been shown by these experiments to possess an indiscriminate and not a selective excess of virulence over the human specimen. Similar results have been obtained by Pearson and Ravenel of Pennsylvania and by Koch and Schutz of Berlin.

In a purely speculative question it is a matter of everyday experience that the same data may lead to entirely different deductions. Prof. Koch, whose attainments and achievements in bacteriology we all respect, has deduced the inference, largely, as we infer, from his experimental work on animals, that bovine tuberculosis can constitute no factor in the initiation of tuberculosis of man. Few of us, I think, will be able to follow this process of reasoning. Whether or not his view is correct it can hardly be said that it derives any support from the purely experimental evidence. I think there is a wide field for investigation yet to be covered before we as sanitarians can feel justified in recommending the discontinuance of those safeguards against infection from tuberculous dairy products which an unwilling public are just beginning to appreciate."

McClanahan, *Journal of American Medical Association*, December 13th. 1902, reviewing the current pediatric literature, says that the most valuable papers were those treating on the early symptoms. "It seems entirely probable that there is a condition of ill-health preceding the gross manifestations of tubercular lesions, and that it should be the effort of the physician to recognize this condition. The importance of glandular tuberculosis and its careful diagnosis is not as yet fully appreciated. The question of the infections of the infant by means of cow's milk is yet an open question.

The drugs most frequently recommended were guaiacol and iron. On the general treatment, the important factors are the improvement of nutrition by means of proper foods, fresh air and sunshine."

Heffron, *Buffalo Medical Journal*, December 1902, writing of "Some Observations on the Climate of the West," says that "the climatic cure is legitimate therapeusis under certain conditions. The first essential is an early diagnosis. The second is the ability to support oneself in idleness for a period sufficiently long to insure a complete cure, or until work can be safely undertaken; and the third is a willingness to remain permanently in the region inimicable to the redevelopment of the malady from which one has suffered. Under such conditions and under none others is a physician warranted in separating a sick person from his home and his family."

Holmes, *New York Medical Journal*, November 29th, 1902, says that out-of-door life as a treatment of tuberculosis is yearly increasing in importance. In the last five years he has seen much of tent-life in Colorado. His observations have been made with a view of ascertaining its practicability in the treatment of tuberculosis.

Patients of this class coming to Colorado almost invariably manifest a tendency to flock to the larger cities. At the best they live in the suburban districts. The first experiments were made on lawns in the more thickly settled parts of Denver. Even here the results were good. Then trying the suburbs, the results were more marked. This led to the selection of rural and mountain sites for tent colonies. In these districts the best results have been secured.

The *Munson Sanitary Tent* recently adopted by the United States Army is the most satisfactory, though no tent gives entire satisfaction during the entire year. The inconveniences heretofore encountered have been overcome by the adoption of a *Tent-Cottage*, combining the advantages of a tent with those of a cottage. This is built of a framework of lumber upon a floor 10x12 feet. The wall is five feet high. This frame is covered with heavy canvas in the form of an ordinary wall-tent; the tent wall being  $2\frac{1}{2}$  feet, reaches within  $2\frac{1}{2}$  feet of the ground, the lower part being of half-inch lumber reaching to within two inches of the canvas. Within this, there being a space of four inches between the two, is an inner wall of canvas reaching from floor to eaves.

By a simple mechanism the upper half of the outer walls may be converted into an awning, permitting free circulation of air. Doors and windows are provided. By putting the

frame together with bolts, it is rendered portable. The approximate cost is \$60.00. Such a tent is intended for one person.

It should be remembered that the tent is intended for a sleeping apartment chiefly. It should be carefully tended, and fumigated at regular intervals. All bedding should be periodically exposed to the air and sun-light. The life, to be made ideal, must be governed by exact discipline and, when well-selected rules are observed, becomes thoroughly enjoyable.

Bardswell and Chapman, *British Medical Journal*, November 1st. 1902, state that allowances must be made for the sex, age, weight, work and weather in determining the proper diet for a consumptive. The factors due to the existence of tuberculosis must also be considered. The presence of tuberculosis causes waste of all tissues, especially of fat. Indications are for an increase in all constituents of the physiological diet, to restore the tissues as well as to meet the current requirements of the body. A diet rich in proteid and only slightly increased in fats and carbohydrates produces the best results in inducing arrest of tuberculous processes. Proteid can be given in larger quantities and more easily than either fat or carbohydrates, which latter are disliked by the consumptive. Although overfeeding is not infrequently associated with satisfactory progress in the lungs, the administration of a small increase on the physiological diet is quite sufficient to ensure satisfactory improvement in the lung condition, with much less risk of injurious consequences and with less discomfort to the patient.

*Review of Reviews*, November 1902, publishes an abstract of a paper read by Paquin before the Mississippi Valley Medical Association :

“The alimentary canal is to the human machinery what the boiler is to the engine, namely, the internal source of energy.

Consumption is usually a mixed infection, immeasurably more complicated than generally realized. It is the plague of civilization, and the majority escape, not because they are not attacked, but because they resist the attacks. The problem is: A condition that will prevent the germs of consumption from developing in the system; or if they do get a start, a condition that will stop them.

The digestive apparatus is the system upon which the vital energy chiefly depends. Without its effectiveness and persistency, recovery from illness is a serious problem. No

remedies are promising without maintenance of the system by the forces of digestion.

Pulmonary tuberculosis does not mean disease of the lungs alone. It probably means always besides, affection of the digestive tube the whole length. There exist forms of dyspepsia preceding and accompanying consumption. These are questions of deep importance, the neglect of which, limits the physician's efforts to subdue the malady.

Not only functional disturbances occur during the existence of consumption, or even previous to it, but organic changes take place in the stomach and bowels and accessory organs sometimes. These result in far-reaching disturbances which cannot be arrested by mere treatment of the central lesions.

The nervous system must be looked after with respect to its general influence over the general system, but with particular regard to its special influence over the alimentary faculties. It is of the greatest importance that physicians should, first of all, keep in as normal condition as possible the digestive functions. This may involve general measures of hygienic character, such as climatic influences, diet, and specific medication, not to say anything of symptomatic treatments which have to be resorted to occasionally, according to developments.

The evolution of therapeusis in tuberculosis of all forms has determined the fact that first comes nourishment; second, proper and sufficient climatic and atmospheric influences; third, specific medication directed to the arrest of the growth of the germs of tuberculosis and their complicating factors; fourth, the symptomatic treatment of various manifestations that arise from time to time; fifth, the general management of the case.

This involves a great many points of interest which we need to study very cautiously. Experience has demonstrated very clearly, in the last ten years, that certain measures indicated in the classifications of treatment are especially useful, such as raw beef juice, vaccinating toxins, anti-tubercle serum, the cacodylates, iodine and the lavage of the alimentary canal.

The purpose of this paper is to indicate the very important necessity of protecting and preserving the functions of digestion, without which none of the measures of the treatment mentioned by any authority can avail. But with stomach and intestinal lavage and other measures protecting digestion, no remedy is equal to proper administration of good serum, the cacodylates, raw beef juice from fresh meat (not beef teas or extracts), proper atmospheric influences in and outdoors in a good climate based on the individual conditions

existing in each case. Forced feeding, excessive use of creosote and forced inhalation are often injurious, generally unscientific, and the patients depending on them, when they fatten, do so usually from the effects of alcoholics taken in large quantities. They become bloated, but not cured."

Mausperger, *Buffalo Medical Journal*, November 1902, says that tuberculosis of the peritoneum, which is not uncommon, usually arises secondarily from tuberculosis of the pleura or the abdominal organs. Occasionally it is carried from some distant focus, through the medium of the circulation or of the lymphatics. It also appears that cases are not infrequent where there are no other demonstrable lesions of the same nature in other parts of the body.

Since the pleura and the peritoneum are in direct communication through the intercommunication of the lymphatics of the diaphragm, it naturally follows that the disease is often transmitted from the former to the latter. Tuberculosis of the bowel is, as a rule, secondary to pulmonary tuberculosis; the active bacillus being carried from one organ to the other by the swallowing of the sputum. Primary tuberculosis of the bowel does occur, especially in children, the virus probably being swallowed with the food. The process in the bowel begins in the lymphatics of that organ—the ileocecal region being a favorite seat. From these processes of diseases in the bowel the infection is transmitted to the peritoneum usually through the medium of the retromesenteric glands. In women the peritoneum is frequently the subject of tubercular infection through extension of the process from the genitals. The urinary apparatus is a favorite seat of this disease, though rarely so in women. The prostate, the seminal vesicles and the testes are prone to the actions of the virus.

When the virus gains access to the peritoneum that organ soon becomes studded with miliary tubercles. In the inflammatory form the organ is red, congested and swollen; there is an adhesive agglutination of bowels and neighboring organs, which is everywhere in evidence. In the beginning these adhesions are readily separated, later becoming dense and well organized. In this way a thickened false membrane is formed, producing contraction and deformity; the mesentery and omentum being particularly prone to this process. There is usually a fluid exudate, varying in variety, amount and location. Cirrhosis of the liver is of not infrequent occurrence in advanced stages of this disease.

Nothing but the relief of symptoms can be secured by the use of drugs; and all that he has seen, heard and read prompt the author to advocate early surgical treatment of this disease.

## THERAPEUTICS.

THE BILL OF FARE FOR CONSUMPTIVES.—Robin (*Bull. Gen. de Ther.*) advises a large glass of milk on waking, with a dash of vichy water. Breakfast at 8, with a piece of fat steak or cutlet, two soft eggs, a little toast, oatmeal with abundance of cream, but little sugar, and two glasses of milk or a cup of coffee. At 9, cod-liver oil and a little milk, or a glass of milk with the yolk of an egg. At 10, a large cup of beef tea made from raw meat, after which the patient lies down until noon. Dinner at 12:30, with fish, rice, chicken, cauliflower and a slice of well-buttered bread, one or two glasses of milk and baked apples and cream. At 2, cod-liver oil or milk with the yolk of an egg. At 4, sandwich of scraped raw beef, and rest or sleep until 6, when the supper can consist of beef, fish, mutton or raw beef, with spinach cooked in cream, and blanc mange or vanilla ice cream. At 8, cod-liver oil or milk and yolk, and at 9 or 10, a glass of iced or very hot milk or a cup of good beef tea. At night if wakeful, a glass of milk at 1 or 2. This regime is tolerated by nearly all patients and has given the best results in his extensive experience. Milk is the constant beverage.—*Review of Reviews.*

Shallcross, *Phila. Med. Journ.*, December 13th, 1902, after speaking of the work of others in the treatment of Tuberculosis with Formic Aldehyde, and describing an inhaler that he has devised for use, draws the following conclusions: "As a therapeutic adjunct in the treatment of pulmonary tuberculosis formic aldehyde possesses certain distinct advantages.

It is a gaseous substance, having about the same specific gravity as air with which it readily diffuses, and is soluble in water.

It is a stimulant non-toxic and does not irritate the respiratory tract when administered in the proper manner.

It lessens the absorption of toxins, reduces pyrexia, relieves nervous symptoms and night-sweats and sharpens the appetite.

Cough is lessened by its property to liquefy and render more mucous the secretions, and by relieving the irritation of the pharynx and larynx."

## EDITORIAL.

H. H. HARALSON, M.D.

E. F. HOWARD, B.S., M.D.

VICKSBURG, MISSISSIPPI.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

The subject of tuberculosis, its transmission and its prevention, has been so thoroughly discussed in the past twelve months that comparatively little remains unsaid. But those of us who practice in the South are confronted by a problem of a different nature from that with which our northern and eastern brothers are struggling.

Physicians of the black belt are coming to realize that tuberculosis in the negro is a matter of grave and serious import. Before he was freed the negro was chiefly employed in cultivation of the soil and his owner, having a direct and personal interest in him, saw that he was properly housed, clothed and fed. It is a well known axiom that more work can be obtained from an animal in good condition than from one starved and ill-treated, therefore the negro lived in comparative comfort. Now conditions are materially altered. Having a choice of his own in the matter and being gregarious by nature, the negro of the younger generation elects to live in towns. Wishing to appear as well as possible, he puts all that he has and can make on his back and lives in poorly constructed houses, that are generally totally inadequate to accommodate the number of their inhabitants, and eats poor food badly prepared.

It is readily seen that, other things being equal, he has a poorer chance than the white when brought in contact with disease. But other things are not equal. The negro is peculiarly liable to tuberculosis, and in him it is unusually swift and fatal. (Barrier, *New Orleans Medical and Surgical Journal*, October 1902, gives the death rate in two hundred and fifty-three cases, reported by eighty physicians in various sections of Louisiana, at seventy per cent.) Moreover, being careless about himself unless actually in pain, he is apt

to delay in consulting a physician until in the last stages. Then he wants to be cured by medicine alone and cannot be brought to exercise those sanitary precautions that are essential, both as regards his own welfare and to prevent the spread of the disease. He cannot stand the expense of a change of climate nor would he be willing, from his gregarious nature, to make any move that would separate him from his family and friends.

What then are we to do? If we sit still and do nothing, and the present yearly increase in negro mortality from tuberculosis continues, we may find the race problem settled in a way that we may not like. But the negro is prolific and the consumptive, black or white, is not noted for frigidity, so it is more probable that we will find ourselves burdened by a class far worse than that of to-day—and we will only have ourselves to blame. It is obviously to our interest to prevent such a state of affairs. How are we to go about it? By education and legislation; but if these are directed towards the landlord and employer more will be accomplished than if we go to work on the negro himself. In the article above quoted, Barrier writes as follows: "Having lived all my life in a community where the negro predominates, I have noticed how little regard is paid by the landlord to the moral and physical condition of his tenants. The landlord is responsible more than anyone else for the drunkenness and revelry on his plantation. He owns the whiskey hells and gaming tables and actually encourages the negro to intemperance for the pitiful dimes that are in it. In too many cases the negro cabins on our large plantations are veritable pig styes.

I have thought that, to a large extent, the white man was responsible for the negro's condition."

This is not an exaggeration by any means. The writer has seen a good deal of this sort of thing in Vicksburg in the past five or six years, though his experience has been more in connection with the negro's dwelling than with his place of entertainment. The average day laborer, making from a dollar to a dollar and a half a day, lives in half of a four-room house and pays for his two rooms from a dollar to a dollar and a quarter a week. The ground on which this house stands is worth about fifty dollars and the house, when new,

costs about three hundred. Deduct seven dollars for taxes and six for insurance and rent the house at the minimum figure, one dollar a week to each of the two tenants, and the landlord gets a net income of ninety-one dollars, or twenty-six per cent. on his investment, certainly a fair profit. No sinking fund for repairs is needed, since as long as the walls support the roof and there is a place in the house where the rain does not fall on the bed none are made.

Note, however, that this twenty-six per cent. profit is on the new house. The ramshackle affairs that served as stables and outhouses in ante-bellum days are really worth nothing and rent for nearly as much as the newer buildings. No wonder the landlord objects to an income tax and that, though Vicksburg real estate pays taxes of three and a half per cent., these negro quarters are considered good property. There is little risk, for tenants are plentiful and the rent is always collected in advance.

Would it be too much, then, for our city authorities to hold the landlords responsible for the condition of the premises; that he be required to see that properly constructed closets be substituted for the rail in the fence corner, that yards be drained, that the mudhole kept for the benefit of the family hog be not situated under the kitchen—for convenience in the disposal of slops—and that the house gets some semblance of scrubbing and disinfection at least as often as there is a change of tenants?

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Professional Ethics *versus* Commercialism is the text from which Dr. Gillmore, of Chicago, in the *Journal of the American Medical Association*, January 3rd., preaches a discourse that cannot but be depressing to the young men into whose hands it may fall. The doctor tells of one or two instances in which he has been treated in a most unethical manner by professional brethren, touches on irregular methods employed by physicians with more ambition than sense of decency and concludes with the suggestion that medical students shall be educated in ethics while at college.

When our Code of Ethics was written the country was controlled by an aristocracy. Say what they might about all men being born "free and equal," and no greater falsehood

hood was ever put in print, there was then an aristocracy of wealth and learning that controlled affairs far more than is the case today. The learned professions as they were called, "Law, Medicine and Divinity," were in the hands of this aristocracy and our Code is one of the greatest proofs of this fact. It necessarily follows that it cannot serve to meet the conditions we now face. Indeed, it is doubtful if any code will completely answer all requirements, for while the physician of gentlemanly instincts needs no written law to direct him in keeping his hands clean the boor will ride roughshod over everything that lies between himself and the almighty dollar. As an example: the writer knows a physician who has probably not seen a copy of the Code in a quarter of a century, and yet it is a positive pleasure to note the careful courtesy with which he treats his consultants and the high moral stand he takes in the conduct of his professional affairs—he is a gentleman by instinct. On the other hand we can cite an instance of a man whose mouth fairly reeks with quotations from the Code and who never misses an opportunity to decry his brother physicians. There are probably few of us who cannot furnish similar illustrations from personal experience.

On the principle that a silk purse cannot be made out of a sow's ear, we do not think that the method advocated by Dr. Gillmore will entirely remedy the evil. We believe that we must get nearer the root of the matter. By insisting on a higher standard of educational requirements for entrance to our medical colleges we will get a better class of men—men who are not only from such environment as instills into them a sense of decency, but also who, being better prepared, can become better equipped mentally and will not be so readily tempted from ethical paths.

Of course, when we come to the bottom of it all, the profession will never be entirely clean. The poor man, the weak man, will be tempted and sometimes will fall. That demand breeds supply has become an axiom and with the present conditions of society the demand for the abortionist and men of his stamp will inevitably produce the criminal. So the further we go the more we become involved. But we can do something. A higher class of young men, better educated in ethics, as Dr. Gillmore suggests, may be able to

accomplish more than we can. In the meanwhile each physician can, by his own conduct and bearing, aid in the work—by keeping his own hands clean to serve as an example to his fellows and by offering a kindly word of encouragement to those who have met with less success than he has in the struggles and temptations that confront us all daily.

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## BOOK REVIEWS.

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**The Practical Medicine Series of Year Books**, comprising ten volumes on the year's progress in medicine and surgery under the general editorial charge of G. P. Head, M.D.—Vol. II, General Surgery, edited by Jno. B. Murphy, M.D., Professor of Surgery Northwestern University Medical School—The Year Book Publishers, 40 Dearborn St., Chicago.—Price of series, \$7.50—Price Vol. II, \$2.00.

The Year Book Publishers are particularly fortunate in securing the services of a surgeon so well and so favorably known as Dr. Murphy in editing this volume. The book could hardly have a better introduction than this, which alone should ensure large sales. But this is by no means its sole claim to merit. It is an exceptionally complete resume of the literature of the subject, and wherever a question is raised by conflicting opinions an editorial comment is inserted to assist in clearing up the doubt.

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**The Practical Medicine Series of Year Books**, comprising ten volumes on the year's progress in medicine and surgery under the general editorial charge of G. P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. III., Eye, Ear, Nose and Throat—Edited by C. A. Wood, M.D., A. H. Andrews, M.D., T. M. Hardie, A.M., M.D. The Year Book Publishers, 40 Dearborn St., Chicago. Price of series \$7.50. Price, Vol. III, \$1.50.

Although derived from special literature there is much in this volume that will be of interest to the general practitioner and will aid him in his daily work. The hygiene of the eye, conditions affecting the conjunctiva, injuries to the eye and hints on the therapeutics of this specialty are points on which we daily want the information that is here given in a concise form.

In the department devoted to the ear, of special interest are articles on otitis, acute and chronic, the removal of foreign body, mastoid disease, tinnitus aurium, otitic brain diseases, the relation of hysteria to ear diseases and a discussion of tubercular and diabetic otitis and otitis accompanying influenza.

Under the department of the nose the use of paraffin injections receives fair treatment, while much attention is given to displacements of bones and corrections of septal deviations. Adrenalin chloride occupies most of the space devoted to therapeutics.

The pharynx, tonsils, trachea, and esophagus come so much oftener under the observation of the general practitioner than of the specialist that none of us would fail to appreciate the articles on this subject, while the hints on the choice of anesthetics for use in operations in this locality add much to the value of the book.

#### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)

FOR DECEMBER 1902.

| CAUSE                        | WHITE |        | COLORED |        | Total |
|------------------------------|-------|--------|---------|--------|-------|
|                              | Male  | Female | Male    | Female |       |
| Apoplexy....                 |       | 1      |         |        | 1     |
| Bronchitis.....              |       |        |         | 1      | 1     |
| Carcinoma Uteri.....         |       | 1      |         |        | 1     |
| Catarrh of Gall Bladder..... |       |        |         |        | 1     |
| Emphysema.....               |       |        | 1       |        | 1     |
| Inanition.....               |       |        |         | 1      | 1     |
| Malaria, Chronic.....        |       |        | 1       |        | 1     |
| Measles.....                 |       | 1      |         |        | 1     |
| Pneumonia.....               | 2     |        |         |        | 2     |
| Senility.....                | 1     |        | 2       | 2      | 4     |
| Senile Gangrene.....         |       |        |         |        | 1     |
| Tuberculosis.....            |       | 1      |         |        | 1     |
| Tuberculosis, Pulmonary..... | 1     |        | 2       | 1      | 4     |
| Cause not given.....         |       |        |         | 1      | 1     |
|                              | 4     | 5      | 6       | 7      | 22    |

Population of the city (estimated)—Whites, 7,500; colored, 7,500; total, 15,000.

The Health Officer of Warren County reports one case of smallpox—imported from Alabama.

# *Mississippi Medical Record.*

VOL. VII.]      MARCH, 1903.      [NO. 3.

## ORIGINAL CONTRIBUTIONS.

### \*FRACTURE OF THE PATELLA.

Dr. J. A. Bodine exhibited a patient with the following history: six weeks ago this patient sustained a fracture of the patella. As in the great majority of cases in which the line of fracture is transverse in direction, the cause was a sudden, involuntary contraction of the quadriceps muscle, while the leg was in opposed flexion.

"In my opinion, all cases of fracture of the patella should be treated by open suture, as was done in this case, provided it is done by a trained surgeon. Primary union is absolutely essential. The most difficult accomplishment in surgery to-day is not mechanical skill in operating, but comparative cleanliness in technique with minimized traumatism to tissues. This attainment is only relatively possible to the trained operator, and absolutely impossible to the general practitioner who occasionally operates.

The treatment of fractures of the patella by mechanical means: splints, strapping, subcutaneous suture, etc.; is irrational and wrong fundamentally. If the line of fracture extends laterally into the expansion of the patella capsule, with wide separation of the fragments, in but very few cases will any method other than that by open suture produce a perfectly functionating leg. The reason is simple. When the patella fractures by muscular contraction over a bent knee, the stretched capsule, when it ruptures, projects beyond the edges of the fragments and, as pointed out by Macewen years ago, falls between the broken fragments. The interposition of this ever present fibro-periosteal fringe is an obvious obstruction to bony contact or bony union, and must be removed by operation. Again, blood from the

\*Abstracted from the proceedings of the Clinical Society of the New York Polyclinic Medical School and Hospital.

broken bones and torn capsule fills the intervening space and distends the joint, if this is opened, with clotted blood. What becomes of this aseptic bloodclot? On the same great proven principles of Schede's aseptic bloodclot in bone surgery, it becomes more or less organized into living, fibrous tissue, fixing the joint and surrounding tissues in a condition of more or less rigidity and ankylosis. Obviously the thing to do is to remove both the blood-clot and the capsular fringe. The wonder is not that, by the old method, the joint is more or less impaired, but that it functionates at all. Yet, I repeat, that if one is not a trained aseptician, it is better to accept this result; at least it will not kill the patient from sepsis.

The simplicity and ease of accomplishment which characterizes the result here presented to you is remarkable. A quarter of a one-per-cent solution of cocaine was injected before making a transverse skin incision. As the patella lies subcutaneously and its fibrous periosteal capsule is already ruptured from the accident, this skin incision admits one directly to the field of operation. Nothing remains to be done but to wash away the blood clots, remove the interposed fringe of capsule, and suture, not the bone, but the capsular rent, as well as any rent extending into the lateral capsular expansion. In a great many cases, contrary to textbook teaching of the present day, the knee-joint is not opened by the accident nor invaded by the operation. This is due to the fact that the closed synovial sac of the joint is frequently reflected from the posterior surface of the patella at or near the median line. Consequently, any fracture below the level of this line of reflection does not enter the general articular cavity. This condition of extra-articular safety I have encountered several times. The skin incision being closed, if the work has been done aseptically there is no swelling, no pain, no fever. Beginning about the third week, carefully graduated passive motion with daily massage is inaugurated. At the end of the sixth week a perfect cure will result, as exemplified by this case presented to-night."

#### DISCUSSION.

Dr. W. R. Townsend opened the discussion by saying that it is unusual to find a surgeon who never encounters sepsis as a result of his work. All surgeons should be clean,

and, practically speaking, all are in a majority of cases, but surgeons have not reached the point of perfect asepsis. Especially in serious cases, such as opening the knee-joint, if an operator can avoid suppuration, so much the better, but there are so many possibilities of infection that he would hesitate before undertaking this operation. The growth of small hospitals throughout the country is very rapid, and he thought that the surgery of the future should be done in such places. He did not believe that a simple result can be counted on in every case of fractured patella by the method advocated by Dr. Bodine, and he said that he had seen some very good results by the old method, and in many instances in which it failed the fault was not due so much to the method as to the operator. Bony union is always better than fibrous union; yet he would hesitate very much in saying that every fractured patella should be treated by the open method.

Dr. W. H. Luckett said that if every case that was operated on turned out as successfully as Dr. Bodine's case did, he would be inclined to advocate the open method in all instances, but, unfortunately, all surgeons are not aseptic. He did not agree with Dr. Bodine that blood in a synovial cavity goes through the same process of organization as blood in a bone cavity. Here the blood is in contact with a very rapidly absorbing surface, but more often blood exuded into an articular cavity will be absorbed rather than become organized. The most important treatment in connection with fracture of the patella is massage, applied particularly to the quadriceps muscle, and this should be forcible enough to allow relaxation of that muscle and juxtaposition of the fractured fragments of the patella. The bone must be retained in place by straps and splints. The massage should be done properly by one who thoroughly understands the principles involved. This method was first introduced, he thought, by Dr. Howard Lilenthal.

Dr. W. C. Gilday said that he had a patient who was treated by the old method, and the result was most unsatisfactory. He had been with Dr. Bodine when he operated on the patient presented this evening, and having seen the result he should hereafter treat all his cases in that manner.

Dr. Bodine closed the discussion. He said in reply to Dr. Luckett that he did not mean to imply that every hemorrhage into the knee-joint becomes organized on the principle of Shede's moist blood-clot, but that he was quite sure that this hemorrhage into the cavity of the knee and into the tissues surrounding the knee is a cause, in part at least, of many cases of rigidity or partial ankylosis in fracture of the patella; and, furthermore, he was sure this rigidity is caused by a more or less complete organization of the blood-clot into the living tissue. He had never seen the statement emphasized that in the fracture of the patella the general articular cavity is not opened. This statement was based on the fact that twice in his experience he had encountered a condition of an intact synovial membrane beneath the broken fragments. It is a well-known anatomical fact that the reflection of the synovial membrane on the posterior surface of the patella as high as its middle posterior line frequently occurs, so that all fractures of this bone occurring below the level of this line of reflection would not involve the general synovial cavity of the joint. A knee-joint filled with a blood-clot, even though there is no external wound, may become infected through the medium of the circulation. He believes that the frequent occurrence of synovial osteomyelitis is sufficient proof of this statement. He had known occurrences of violent infection within the knee-joint following fracture of the patella when no operation had been attempted. If this infection were due to an external wound in the surface he was unable to find the point of entrance.

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#### \* EMPYEMA.

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#### ABSTRACT OF A PAPER BY DR. CHAS. G. KERLEY, NEW YORK.

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Empyema is the result of infection of the pleura with pathogenic organisms. A large majority of the cases show that the pneumococcus is in the pure culture; the streptococcus and the staphylococcus, alone or in combination

\* Read before the Clinical Society of the New York Polyclinic Medical School and Hospital. From the proceedings of the Society.

with the pneumococcus, are seen less frequently. Tuberculosis is rarely a cause of empyema. The disease is rarely primary, being secondary to pneumonia in fully ninety-five per cent. of cases. The symptomatology varies, depending on the nature and severity of the primary disease. Empyema may be confounded with malaria, typhoid fever, unresolved pneumonia and tuberculosis. The average case of empyema following pneumonia is about as follows:

A child has pneumonia. It runs the usual course. After a time, from six to twelve days possibly, an improvement in the symptoms is noticed; the pulse and respiration become slower, and the child brighter; the temperature range for twenty-four hours is lower; during the height of the fever it was perhaps from 104° F. to 105° F.; now it ranges from 100° F. to 102° F., occasionally touching at 99° F. Behaving in this way for a few days, it is soon noticed that it is lower in the morning than in the evening, although the evening temperature might not be high, perhaps not over 102° F., occasionally reaching 103° F. The pulse and respiration both remain accelerated and the child coughs. These symptoms may continue for weeks if the true nature of the case is not made out.

Forty-three cases comprise the number seen by the author, in patients from the various walks of life. Some developed under his own observation, and others were first seen after a long illness. In all of the cases there were three symptoms in common: cough, fever (higher in the evening), and accelerated respiration.

Under physical signs, inspection of the chest was referred to as being valuable, in that there is a difference of mobility of the two sides; the diseased side rests, the sound side is active. An increase in the measurement of the diseased side is in itself of no diagnostic value. Cases were cited in which the sound side was the larger. This is apt to be the case when there is a small amount of fluid in the pleural cavity or when absorption has already begun.

Displacement of the apex beat of the heart upward and to the right is one of the most reliable signs of fluid in the left pleural cavity. Under auscultation it is claimed that fluid always produces a deviation from the normal respiratory sounds, but not always the same changes will be observed.

There may be bronchial breathing and bronchial voice when the chest is full of fluid, or greatly diminished and weakened breathing and weakened voice sounds when the amount of fluid is small.

Percussion is considered one of the most valuable aids in diagnosing fluid in the pleural cavity. If there is a moderate amount of fluid, there will invariably be dulness, and if the amount is considerable there will invariably be flatness. Serum and pus show the same physical signs. There is but one way to differentiate between serum and pus, and this is by the use of the exploring needle, which should always be used to fix the diagnosis. There is no danger in the use of a sterile needle with a properly prepared skin.

As regards treatment, in a recent case in a child under two years of age incision under local anesthesia is all that is ordinarily required. In older children, or in a prolonged case in a young child, the removal of a portion of a rib under gas anesthesia is best. Irrigation of the pleural cavity is not necessary. The dressing should be changed once a day and the tube shortened as the lung expands.

The disease in every one of the forty-three cases seen was secondary, and in forty it was secondary to pneumonia. Every child coughed; every one had fever, practically constant, higher in the evening, but rarely going above 103° F. Every child had accelerated respiration, the chest in each case showing flatness on percussion, and marked changes from the normal in auscultation. Children in whom the disease had existed longer than a week showed marked emaciation.

#### DISCUSSION.

Dr. Adolph Baron opened the discussion by saying that he wanted to mention what Dr. Kerley, in preparing his paper, had probably overlooked, and that was the necessity for making numerous attempts at aspiration, as one frequently does not draw pus at the first attempt, and the reason for that is that the needles used are not of sufficiently large calibre.

Dr. Henry Heiman said it is generally found by bacteriological examinations of the pus in empyema cases, that the pneumococcus, streptococcus or tubercle bacillus, or any of the mixed forms, are responsible for the lesion. When

no bacilli are found in the pus, the empyema is generally of a tubercular nature. When this is found it is always well to inoculate several guinea-pigs for a positive diagnosis. The rule adopted by an institution with which he is connected is to incise all patients under one year of age and to resect all patients over one year. This of course is not a fixed rule, but may be varied according to indications. It is also of interest to speak of double empyema. Two such cases came under the speaker's observation within two weeks. One patient was resected on both sides, and the other, being rather marasmic, was incised, but two weeks later the child died of persistent broncho-pneumonia and exhaustion.

Dr. W. H. Luckett said that he desired to emphasize what had already been stated in regard to the use of a large aspirating needle in empyema as well as in other cases. He had frequently demonstrated that it is possible to aspirate the chest with negative results, when pus was surely present. He was conversant with the case of a patient who might be alive to-day had a large aspirating needle been used. The case was that of a man who had all of the symptoms of a cerebral abscess following an otitis media and mastoiditis. His skull was trephined and the brain aspirated, with negative results. The patient died. At the autopsy it was shown that the aspirating needle had been inserted into the abscess cavity at several points, but the pus was so thick that it did not enter the lumen of the needle. The speaker could not agree with what had been said in reference to an incision through the skin prior to an aspiration. The skin bacillus of Welsh is seldom, or at least is not necessarily, pus-producing, unless mixed with some other infectious material, and an incision through the skin does not remove the bacillus from the field of operation. He depends upon the ordinary methods of cleansing the skin, as for any other operation.

Dr. S. S. Roos asked Dr. Kerley to specify what local anesthetic he uses in empyema operations on children. From the number of cases of aspiration that he has seen carried out without local anesthesia, and without disturbance to the children, he believed that there is no need of an anesthetic of any kind.

Dr. Albert Kohn said that the interlobar was the form of empyema diagnosed correctly the least frequently, and this, he thought, was an important point.

Dr. J. A. Bodine called attention to a suggestion made by the late Dr. Van Arsdale in connection with the operation of excision of part of a rib for empyema. It refers to the annoying complication or sequel of osteitis or osteomyelitis of the bone ends, when exposed to the discharging pus. The periosteum over the rib is incised and reflected, the proper length of bone excised, and the periosteum sutured in its former position. The incision is now carried between the ribs into the pleural cavity. When the tube is inserted for drainage, the flaccid portion of periosteum gives plenty of space, and yet the ends of the bone are protected from infection. As to the sterilization of the skin, it is well-known to be impossible. The normal habitat of the staphylococcus is so deep in the skin as to be beyond the reach of either brush or chemicals. If one wishes this little operation of aspiration to be carried out under absolutely sterile conditions, he must nick the skin with a bistoury, preferably under local anesthesia, and introduce the needle through this nick, and thus avoid the deeper layers of the skin. It has been his custom to ascertain the pathological cause of empyema; if found to be due to the pneumococcus, the pleural cavity has been treated as a cyst, that is drained, not washed out; while if the infection was due to staphylococcal infection, it was treated as an abscess and irrigated thoroughly.

Dr. Kerley closed the discussion, answering Dr. Roos' question by saying that he had used ether locally in aspirating for empyema.

#### AMERICAN MEDICAL ASSOCIATION.

NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

##### GENERAL OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1902-1903.

President, Frank Billings, Illinois; First Vice-President, J. A. Witherspoon, Tennessee; Second Vice-President, G. F. Comstock, New York; Third Vice-President, C. R. Holmes, Ohio; Fourth Vice-President, James H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois; Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrangements, Isadore Dyer, 124 Baronne Street, New Orleans, La.

## ABSTRACTS AND EXTRACTS.

## Scarlatina.

*The Medical Record*, March 22nd, 1902, abstracts the following from the *Dublin Journal of Medical Science*:

“THE DIAGNOSIS OF SCARLET FEVER.—J. Marshall Day says that the chief symptoms of scarlatina are vomiting, sore throat, fever, rapid pulse and rash. Concerning these individual symptoms, he lays down the following rules: (1) Actual vomiting, or a distinct feeling of nausea, is nearly always present. (2) Children so seldom complain of sore throat that unless one follows the golden rule of always looking at the throat when examining a child, this symptom may be overlooked. One may find in severe cases that the patient swallows quite well, but the converse also holds good. In mild cases there is often a peculiar dull yellowish whiteness of the hard palate on the second day. (3) At the commencement, the temperature varies from 100° F. to 104° F. It falls the next day, rising again in the evening, but not so high, and, following this course, generally becomes normal on the eighth to the tenth day. In mild cases it may become normal on the third day. (4) The pulse rate is more characteristic than the temperature, as even in the mildest cases it is over 120, generally 140 to 160, and we find that even after the temperature becomes normal, the pulse rate remains higher than normal. (5) The rash in scarlatina is never seen on the end of the nose, or around the lips—*i. e.* in the circumoral zone. It is almost invariably out before the third day. In the very mild cases there exists a fine punctiform rash on the tonsils, the hard and soft palates, and over the surface of the body where the skin is softest, such as the flexure aspect of the arms, the sides of the chest, the lowest part of the abdomen, the upper part of the thighs, and in the axilla. It can also be seen on the backs of the hands, the sides of the fingers, and on the dorsal aspect of the foot. When the elbow is flexed, a browning along the folds of the skin is noted, and a similar condition is observed at Poupart’s ligament, and also, but not so frequently, at the backs of the knees. This browning persists after the rash fades, and is present with red puncta on the lower limbs. He adds that we should never attempt to diagnose the disease from the character of a rash without seeing the whole of it; never attempt to make a diagnosis by artificial light, and, when in doubt, always act as if the more important disease were present until its absence be certain.”

Kerr, *Brooklyn Medical Journal*, August 1902, writing of "Early Diagnosis of the Acute Infectious Exanthemata in Children," gives the following points on Scarlatina:

The period of incubation is from two to five days. The exanthem appears about the ears and neck, then rapidly over the trunk. It begins as small, pale-red spots, rapidly becoming confluent. The skin then presents a uniform scarlet background, thickly studded over with minute points of a darker hue. The skin appears swollen and edematous.

Characteristic puncta appear on the faucial pillars, 12 to 24 hours before the exanthem, spread rapidly over the mouth in a scarlet, coalescing eruption, ultimately ending in desquamation, producing the so-called strawberry tongue.

"I know of no other condition which will clinically so closely simulate scarlatina as a diphtheria accompanied by a toxic erythema. I know of no justifiable means of a diagnosis, outside of a culture."

"SCARLATINA AND SUBLIMATE.—The doctrine that scarlet fever is caused by bacteria and probably by the streptococcus pyogenes in particular is gaining ground. Contributive evidence to this point is added by F. J. Rueavado of San Jose (*La. Sem. Med.*, March 19th, 1902) who, during an epidemic of scarlet fever, found that baths, hot or cold according to circumstances, of 1-1000 watery solution of bichloride of mercury are of value. He orders these baths from the beginning of the sickness and continues them for the first fortnight of convalescence. Under their influence, at all times favorable to the general condition of the patients, sealing of the skin is reduced to a minimum and occasionally is altogether absent, and in addition the skin that is shed is powerfully disinfected, a fact the value of which must not be lost from the point of view of preventive medicine. In addition to the baths, he prescribes also the same medicine internally administered, but in doses which appear too large to deserve unqualified recommendation, namely, 0.008 grams every three hours. This treatment also shortens considerably the duration of the infection, decreases its severity and seems to check many of the complications."—*Medical News*.

*The Journal of the American Medical Association* abstracts the following from the *Lancet*:

"SCARLET FEVER.—Millard argues against the infectivity of desquamation in scarlet fever. He sent out a number of letters to hospital authorities and practitioners and has received a large proportion of answers. The great majority of these admit that they can give little evidence that desquamating epithelium is, *per se*, a source of infection and that

the patient may continue to desquamate for some time after he has ceased to be infectious. Of those who still believe in the infectivity of scarlatina one or two are a little dubious on the point and can almost be counted on the other side. He sums up the arguments against the supposition that desquamation is infectious, as follows: "1. The absence of evidence supporting it. It is difficult to believe but that, if the old supposition were correct, strong evidence of it would ere this have been forthcoming, as is now the case with discharges from the nose and ears. 2. The fact that infectivity begins prior to the onset of desquamation and frequently continues long after desquamation has ceased. 3. The fact that scarlet fever wards, although abounding in desquamating epithelium, are not a danger to neighboring houses. 4. The fact that the proportion of "return cases" does not appear to be increased among patients sent out from hospitals still desquamating. On the other hand, the principal argument in favor of the view that desquamation is infectious is the fact that patients still desquamating, but otherwise apparently free from infection, have frequently been known to convey the disease to others. The whole force of this argument disappears, however, when we consider that patients apparently quite free from infection and in whom desquamation has entirely ceased have also been known to convey the disease; moreover, patients still desquamating have frequently mixed freely with others without untoward results."

"RAPIDLY FATAL SCARLATINA.—The most rapidly fatal case mentioned in Nothnagel's System of Medicine died in twenty-six hours; in Keating's Cyclopaedia, in twenty-four hours. W. S. Morrow (*Montreal Medical Journal*) cites the case of a boy of two years and eleven months who came in from play and felt sick and vomited at five in the afternoon, had a loose, dark colored stool in the night, played with his brother in bed the next morning, ate a baked apple at noon and died in convulsions at half-past five. No physician was in attendance, but four hours after his death reddish patches were visible on abdomen and thighs, the glands of the angle of the jaw were enlarged, and on prying open the mouth, the tonsils were seen large and red, the redness extending upwards onto the palate. The viscera were negative. A scarlatina epidemic was raging at the time, and a brother developed the disease a few days later."—*Medical News*.

Ames emphasizes the following points in the eradication of scarlet fever: 1. Every suspected case of scarlet fever should be isolated until a conclusion is reached. 2. The family should be instructed to maintain isolation until all

signs of peeling have disappeared. 3. All members of the family who desire to leave the house, should do so on the first day after their clothing has been disinfected by exposure to formaldehyd gas for six hours. 4. The attending physician should have as little contact with the patient as possible; cleanse his hands thoroughly with a bichlorid solution and disinfect his clothing. He states that formaldehyd, ten ounces to 1000 cubic feet, will destroy all germs.—*Physician and Surgeon.*

*Archives of Pediatrics*, May 1902, abstracts as follows from *Physician and Surgeon*:

“Poverty of many of the patients is the chief obstacle to the enforcement of sanitary regulations in the case of scarlet fever. There are poor facilities for disinfection and some individuals pay no heed to the quarantine. The hardship of prosecutions for violations of the law cannot be enforced as long as the sickness lasts. If a sanitary policeman could be stationed at every infected tenement, the problem would be largely solved. The long period of quarantine necessary in scarlatina results in pressure upon the physician to suppress the notification, and many members of the profession are weakly pliable to this influence. The physician might be allowed to exercise some discrimination, shortening the quarantine in very mild cases. There is no doubt that now and then a patient loses the power of spreading the disease as early as the twenty-first day.

In fatal cases the task of the sanitary officers becomes doubly hard, as some of the family insist on attending the funeral. Permission may sometimes be given if thorough fumigation can be carried out.

Little can be done with children who have been exposed yet exhibit no evidence of the disease. In theory they should be quarantined for two weeks, but the most that can be done is to disinfect their homes and belongings. The health officers should make every effort to trace the source of the infection in these cases, especially in regard to the milk supply.”

At the meeting of the New York Academy of Medicine, Section on Pediatrics, March 13th, 1902, Dr. Illoway presented an imbecile boy, of four years; the boy presented certain marks of degeneracy, and the imbecility had developed after an attack of scarlet fever.

Dr. Herman said that cases had been reported in which temporary imbecility had followed scarlatina, typhoid and other infectious diseases.

Dr. Illoway replied that the cases referred to by the last speaker were rather examples of weakness and exhaustion

following the acute infectious diseases, but true imbecility, occurring as a sequel, was usually dependent upon a true inflammation of the meninges. This boy had not recovered his speech and the condition seemed to be permanent. He would explain it as being the result of the general infection.—*Pediatrics*, June 1st. 1902.

*The New York Medical Journal*, July 26th. 1902, publishes the following abstract:—

“SORE THROATS, SCARLET FEVER AND THE MILK SUPPLY.—Dr. Arthur Newsholme, medical officer of health for Brighton, England, *Journal of Hygiene*, April, in a paper on An Outbreak of Sore Throats and of Scarlet Fever Caused by Infected Milk, arrives at the following conclusions:—1. Scarlet fever may be caused by infected milk containing the contagium in such an attenuated form or minute quantity that no symptoms manifest themselves except an anomalous sore throat with fever. 2. Scarlet fever may assume this type in a large number of children who have not been partially protected by a previous attack of scarlet fever. 3. If such anomalous cases occur among milk-men or their families the milk may be infected at intervals of a much longer time than has been recognized in previously described milk outbreaks of scarlet fever and scarlatinal sore throat. 4. The fact that only a few cases of scarlet fever are traceable to a given milk supply does not necessarily show that this milk is not infective. The fewness of the cases in this outbreak, and their sporadic character, is analagous to the suspected connection between sporadic cases of enteric fever in the metropolis and the presence of excessive amount of organic matter in the metropolitan river water-supply (Corfield) or the occurrence of floods a fortnight before the onset of the cases in question (Shirley Murphy). In each instance the dose of the contagium is small, and the detection of causative connection between the infecting material and the cases of diseases is difficult. The demonstration of the connection is impossible. 5. The occurrence of anomalous attacks of sore throat, as in this outbreak, indicates the desirability of the notification of all such cases to the medical officer of health. He would by this means be placed in a much more favorable position to trace sources of infection.”

## THERAPEUTICS.

To relieve the itching in scarlet fever:

|   |                        |   |   |          |             |
|---|------------------------|---|---|----------|-------------|
| R | Unguenti Picis Liquidi | - | - | -        | 5 <i>i</i>  |
|   | Unguenti Zincii Oxidi  | - | - | -        | 5 <i>ss</i> |
|   | Vaselini Albi          | - | - | q. s. ad | 5 <i>ii</i> |

M. Sig. Apply locally once or twice a day.

—*Journ. A. M. A.*

To promote elimination in scarlet fever:

|   |                   |   |   |   |              |
|---|-------------------|---|---|---|--------------|
| R | Tincturæ Aconiti  | - | - | - | mviii        |
|   | Potassii Citratis | - | - | - | 5 <i>iii</i> |
|   | Syrupi Limonis    | - | - | - | f5 <i>ss</i> |
|   | Aquæ q. s. ad     | - | - | - | f5 <i>iv</i> |

M. Sig. Teaspoonful three times daily.

—*Standard.*

As a gargle in scarlatina:

|   |                    |   |   |   |              |
|---|--------------------|---|---|---|--------------|
| R | Acidi Carbolici    | - | - | - | f5 <i>ss</i> |
|   | Glycerini          | - | - | - | f5 <i>i</i>  |
|   | Aquæ Camphoræ      | - | - | - | f5 <i>i</i>  |
|   | Potassii Chloratis | - | - | - | gr.x         |
|   | Aquæ q. s. ad      | - | - | - | f5 <i>iv</i> |

M. Sig. Gargle frequently.

—*Standard.*

## SOCIETY NOTICE.

The Clarksdale and Six Counties Medical Society will meet at Clarksdale Wednesday, March 11th. Pneumonia will be the special subject for the meeting, though there will be papers on other subjects. Dr. L. D. Harrison, of Clarksdale, is the Secretary.

# ***EDITORIAL.***

H. H. HARALSON, M.D.

E. F. HOWARD, B.S., M.D.

**VICKSBURG, MISSISSIPPI.**

Official Organ of the Clarksdale and Six Counties Medical Society.

**SUBSCRIPTION: ONE DOLLAR PER ANNUM.**

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

Again we wish to call the attention of our readers to the approaching meeting of the American Medical Association in New Orleans. Much interest is being taken by the members of the profession in that city in arranging for what is expected to be a large meeting. With its excellent and ample facilities for accommodation, coupled with the well-known hospitality of the Crescent City, those who are so fortunate as to attend the meeting may expect an instructive as well as an enjoyable visit.

In this connection, members of the Association who do not belong to an affiliated society in the state in which they live will find food for thought in the following from a circular letter issued by President Billings:

“1. To retain membership in the American Medical Association it is obligatory that a physician be a member in good standing of the state society of the state in which he resides, or in one of its recognized branches. A physician is supposed to reside in the county in which he votes.

“2. For the present an individual moving from one state to another is allowed two years in which to associate himself with the society into whose jurisdiction he has moved. In this case, however, he must keep in good standing in his old society.

“5. Any physician who is in doubt as to whether or not the society to which he belongs entitles him to a membership in the American Medical Association may obtain the necessary information by writing to the secretary of his state (or territorial) association. If such society is affiliated with the state (or territorial) association, it is in affiliation with the American Medical Association, otherwise not.

"6. The requirements for membership in the American Medical Association are the same now as they have been in the past; the basic principle regarding membership, on which the Association was founded, as outlined above, is now, for the first time in many years, being enforced, and will continue to be enforced in the future."

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Dr. Hollopeter's statement (*Journal of the American Medical Association*, Jan. 31) that according to the "coroner of Philadelphia, a medical man, fully fifty per cent. of the cases of death in young children falling under his observation were due to oral sepsis" will cause surprise to the majority of those who see it. Equally provocative of incredulity is the further statement, for which Dr. Hollopeter himself stands sponsor, that "dental decay furnishes more cases of anemia —than all the disorders of childhood" and that if careful attention is not given to saving the first teeth "a general hyperemia of the oral cavity occurs, with numerous alveolar abscesses, which empty their pus contents into the stomach" producing a general catarrhal inflammation that lays the "foundation for anemia which will require years of correct living to outgrow" and that this goes on in about ninety per cent. of all children.

With all due respect to the high authorities who have observed such fatal results as a neglect of dental caries, we must confess that here at least we are descended in direct line from the old Scotehman who thanked God that he was not open to conviction. It is the general belief that dental decay is far more often the sequel of anemia than anemia of dental decay, and most physicians will bear testimony of this belief. Decayed teeth occur frequently in healthy children and in the total absence of any chronic gastro-intestinal catarrh, and it is not the invariable rule for children who are suffering from such a catarrh to show bad teeth. Some slight experience with children leads us to the belief that wherever such conditions are marked, the enteritis incident to infant life and to the "second summer," which is certainly not usually due to dental caries, usually lays the foundation of anemia that shows, as one of its sequelae, the decayed teeth.

Doubtless, too little attention is paid to the teeth of children ; and especially is this the case with the first set, the parents consoling themselves with the belief that they will pay more attention to the permanent ones ; but the injuries to the child arising from their decay are chiefly those due to insufficient mastication, a favorite failing of the great American nation, and not to any harm to the stomach from " the constant stream of pus, pouring into it from the decaying teeth."

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We have become accustomed to consider flies, mosquitos and bed-bugs as carriers of infection, and for this reason, as well as on account of the annoyance they cause, to guard against them ; but now we are taught that we have another foe of the same species to combat. In a paper read before the Chicago Society of Medicine, Jan. 19th., (*Medical News*, Jan. 31) Dr. Engelmann gave the results of the investigation of a house epidemic of typhoid fever which in five months had claimed as many victims in an eight-flat apartment building. With one exception, the cases were in the south tier of flats. A similar neighboring building, similarly served and equipped as to water supply, was and had been for two years free from sickness. The basement in the infected building was overrun with cockroaches, as were the apartments in which the cases occurred.

The question is asked why was the north tier of flats, with one exception, free from typhoid fever and why were there no cockroaches in the neighboring basement ? The cockroach loves warmth. It lives by preference in kitchens and pantries, but not solely on account of the added convenience in gaining a livelihood. Kitchens are usually warm, and when, as in this case, the rooms are on the south side of the house their presence there is to be expected. The contents of the basements would probably give the reason for their presence in one house and absence from the other, it being a matter of common observation that where wood is stored roaches are generally plentiful, making it a matter of great difficulty to keep the house free from vermin when the wood for fuel, or old lumber, is kept in the cellar.

Although such a series of cases by no means proves the point, and although outside infection was not impossible, ev-

erything points to the probability of the cockroaches having been the carriers of infection in these cases and adds one more to the list of vermin against which we have to guard. Aside from the danger, it is exceedingly unpleasant, from an esthetic standpoint, to be brought into contact with these little pests or to be obliged to eat food that they have overrun, and since their presence may be prevented it behooves us to be careful as to what we put in our cellars and in store-houses situated near dwellings.

### BOOK REVIEWS.

**A System of Physiological Therapeutics**, a practical exposition of the methods, other than drug-giving, useful in the prevention of disease and in the treatment of the sick. Edited by Solis Cohen A.M., M.D., senior assistant professor of clinical medicine in Jefferson Medical College, etc. Vol. V.—Prophylaxis, Personal Hygiene, Civic Hygiene, Care of the Sick—by Jos. McFarland M.D., Albert Abrams M.D., W. W. Babcock M.D. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia.

At this period when the value of preventive medicine is being more and more recognized, by the laity as well as by physicians, such a work as this cannot fail of interest. The writers have drawn largely on contemporary literature and have compiled a volume that is unusually complete.

The key-note of the work is struck by the editor in the preface:—"The importance of measures designed to prevent the development and spread of disease needs not to be championed; but the inclusion of a thorough and detailed study of such measures is not usual in Systems of Therapeutics. The present work is a practical contribution in support of the opinion that the subjects of prophylaxis and treatment should not be divorced in teaching, study or thought. Moreover, the common principles underlying the prevention of disease and the management of the sick; the dependence of these upon the forces at work in producing natural immunity and natural recovery; the influence of evolutionary processes upon all the phenomena considered; and the essentially vital nature of both morbid and recuperative action will, it is hoped, be made evident by the facts here brought together and arranged according to a definite system of progressive exposition. Although intimately related with one another, and together forming an organic whole, the interdependence of these facts is not at once obvious to the student who meets them only as scattered throughout a host of treatises on various subjects."

This is especially true of the chapters devoted to diffusion of disease and civic, domestic and personal hygiene, which well deserve a wider circulation than is usually accorded a purely medical work.

**International Clinics.** A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell A.M., M.D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy M.D., Chicago; Alexander D. Blackader M.D., Montreal; H. C. Wood M.D., Philadelphia; T. M. Rotch M.D., Boston; E. Landolt M.D., Paris; Thomas G. Morton M.D., Philadelphia; James J. Walsh M.D., New York; J. W. Ballantyne M.D., Edinburgh; and John Harold M.D., London; with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume 4, Series 12.

This work takes a rather unique place as compared with other periodic publications, the difference being that here we find a series of selected articles on various clinical subjects instead of the book being devoted to one particular line. Such an arrangement must necessarily be in many respects unsatisfactory, though this has been to a great extent overcome by the excellence of many of the articles.

By far the most interesting and important part of the present volume is the monograph on "The Blood in Health and in Disease, with a Review of the Recent Important Work on This Subject," by Dr. Thos. Brown of Johns Hopkins Medical School. It is singularly complete and of great interest, the author having supplemented an unusual knowledge of the subject with large drafts on contemporary literature.

A lecture on "Scars and Marks of Clinical Interest," by Dr. J. N. Hall, of the Denver and Gross College of Medicine, adds an unusual feature that might well be of service to the average physician who has become careless of the value of what are, to him, apparently minor points.

The department devoted to Biographical Sketches of Eminent Living Physicians has been, from the beginning, the weak feature of this work. It is exceedingly difficult to write of a living man in a clear, unbiased way, and the mistaken method of plastering the victim with flattery to an almost nauseating degree has not been avoided here.

**A Compend of Diseases of Children.** By Marcus P. Hatfield A.M., M.D.,—third edition. P. Blakiston's Son & Co., Philadelphia. Price \$ .80.

This recent output of the Blakiston's Quiz Compend Series is quite equal to, and as up-to-date as, its predecessors. A colored plate diagram of the fetal circulation adds an interesting feature.

**MORTUARY REPORT OF VICKSBURG.**

(Computed from the monthly report of the City Physician)

FOR JANUARY, 1903.

| CAUSE                        | WHITE |        | COLORED |        | TOTAL |
|------------------------------|-------|--------|---------|--------|-------|
|                              | Male  | Female | Male    | Female |       |
| Apoplexy.....                | 1     | 1      |         |        | 2     |
| Bronchitis.....              |       |        | 1       | 1      | 1     |
| " Capillary.....             |       | 1      |         |        | 1     |
| Diphtheria.....              | 2     |        |         |        | 2     |
| Nephritis.....               | 1     |        |         |        | 1     |
| Paralysis.....               | 3     |        |         | 3      | 6     |
| Pneumonia.....               | 1     |        |         |        | 1     |
| Pulmonary Oedema.....        | 1     |        |         |        | 1     |
| Puerperal Sepsis.....        |       |        |         | 1      | 1     |
| Typhoid Fever.....           | 1     |        |         | 1      | 2     |
| Tuberculosis.....            |       | 1      |         |        | 1     |
| Tuberculosis, Pulmonary..... | 1     |        | 1       | 1      | 3     |
| Uraemia .....                | 1     |        |         |        | 1     |
| Cause not given.....         | 2     | 1      |         |        | 3     |
|                              | 13    | 4      | 2       | 7      | 26    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

**YEARLY STATISTICS.**

The City Physician has furnished us with the following interesting figures regarding the mortality and morbidity statistics of Vicksburg during the year 1902:

Total deaths from all causes (stillbirths excluded): White 108, Colored 177, Total 285.

Population, census of 1900: 14,834.

Estimated Population: 20,000.

Death rate per thousand of the estimated population: 14.25.

| DISEASES              | CASES     | DEATHS |
|-----------------------|-----------|--------|
| Tuberculosis.....     | No report | 40     |
| Smallpox .....        | 3         | 0      |
| Varioloid.....        | 0         | 0      |
| Typhus Fever.....     | 0         | 0      |
| Typhoid Fever.....    | No report | 5      |
| Measles .....         | No report | 1      |
| Scarlet Fever.....    | 22        | 2      |
| Diphtheria .....      | 0         | 0      |
| Membranous Croup..... | 0         | 0      |
| Whooping Cough.....   | No report | 0      |

**MEDICAL NEWS AND MISCELLANY.**

"Short cuts into medicine and its allied professions are becoming numerous. Before us is an advertisement of the Chicago Correspondence School of Nursing of Pierre, S. D., licensed to transact business in Illinois with a stated capital of \$2500. If there is any occupation that would seem to us to require direct special object-teaching and experience, it is nursing, and what class of products the correspondence school will turn out is a matter of some interest. Nursing is a practical handicraft, as little theoretical in many respects as anything can be, and any part of it that can be taught by didactic teaching or correspondence is comparatively minute and unimportant. The value of well-trained nurses is appreciated, not only by physician and patient, but by the general public, and it is very natural that attempts should be made to furnish a cheap imitation; but we as physicians, knowing what poor nurses may be, are interested in forestalling such attempts as far as possible. If there is to be a correspondence school of nurses let us make sure that we do not get any of their graduates among our aids. She would be a very exceptional one who would be of much use."—Editorial in *Journ. A. M. A.*.

**The Increase of Drug Habits Becoming a National Menace.**

In the *American Journal of Pharmacy* for November, 1902, is the report by Mr. Hyynson, chairman of the committee appointed by the American Pharmaceutical Association to investigate the question of the acquirement of the drug habit. This report, while it is written from the standpoint of the pharmacist, reveals a state of affairs so truly appalling that it merits the consideration of every physician, indeed of every person interested in the welfare of society. As perhaps the most accurate means of determining the question of the increase in the drug habit in the last few years, the committee gives the statistics concerning the importation of two plants most commonly employed for this purpose, namely, opium and cocaine. Since 1898 the population of the United States has increased 10 per cent; the amount of opium imported, however, has increased to the startling extent of 500 per cent., and this despite the fact that it is less frequently used by the physicians than in years past. The importation of opium for 1902 amounts to the astounding sum

of 712,000 pounds; and this is exclusive of more than a ton of morphin. This increase in the importation of opium is paralleled in the case of cocaine, the quantity of that alkaloid brought into the country in the year covered by the report being three times as large as the importation of 1898. As the committee points out it is impossible that there should have been any such enormous increase in the legitimate demand for the drug. Indeed, it would seem probable that the administration by physicians, certainly of opium and probably also of cocaine, has diminished rather than increased, and it is thus safe to conclude that practically all of this supernormal demand is by drug "fiends." From responses to letters addressed to a number of pharmacists and physicians in various cities and towns in the East, the committee concludes that in the eastern portion of the United States out of every 1,000 inhabitants about 3 are addicted to the use of some drug other than alcohol. The condition of affairs among certain classes is almost inconceivable; thus one of the correspondents whose business is in the Tenderloin district of New York is personally acquainted with 200 opium habitues, while the police officers assert that cocaine adulterated with acetanilid is peddled from door to door as an ordinary necessity of life. Such a condition of affairs is so threatening to the very existence of society that its causes cannot be too thoroughly investigated in order to discover a proper remedy. The committee believes, and we think justly so, that a great part of the responsibility for this horrible state of affairs rests upon the drug dealers, both retailers and wholesalers. When a customer returns to a drug store week after week to purchase large quantities of morphine or cocaine, or a jobber sells cocaine in large quantities at frequent intervals to a retailer, the dealer must know that the consumer is using the drug for improper purposes and certainly has, as the committee claims, a right to refuse to supply it; nay more, he is morally obliged to do so. To quote the words of Mr. Hynson: "The excuse so often made—'If I don't sell it to him, some one else will'—is as cowardly as it is specious." It would seem that the only way to prevent these immoral sales is by legislative enactment, and the two professions of pharmacy and medicine should unite for this purpose.—*American Medicine.*

For the seventh successive year, Chicago's death rate is lower than that of any other city of first magnitude. The death rate per 1000 inhabitants of New York City (Manhattan and Bronx) was 19.18; of Boston, 18.58; Greater New York, 18.28; Philadelphia, 17.85; Chicago, 14.49. Chicago's infant and child mortality is the lowest of any city of its size.—*Journ. A. M. A.*

## ADDENDUM.

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Owing to the obstacles presented by the recent breaks in the levees, the place of meeting of the State Medical Association has been changed from Greenville to Vicksburg. No change in the date.

# *Mississippi Medical Record.*

VOL. VII.]

APRIL 1903.

[NO. 4.

## ORIGINAL CONTRIBUTIONS.

### THE PRESIDENT'S ADDRESS.

DELIVERED AT THE MEETING OF THE CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY HELD AT CLARKSDALE, MISS., MARCH 11TH. 1903,

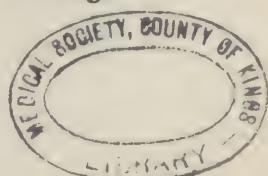
BY M. J. ALEXANDER M. D.,  
TUNICA, MISS.

GENTLEMEN OF THE CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY:

When this Association saw fit to honor me by making me its first President, it came as a pleasant surprise, and I acknowledge that your kind act filled me with pride and satisfaction. But after having received the congratulations of friends at home and allowing my memory to drift back to the hours passed in pleasant professional and social intercourse with you, I awoke to the realization that the majority of you were more deserving than I.

As I come before you now I am deeply impressed that I am about to address men of experience and success, gentlemen held in high esteem by the medical profession of this and neighboring states. It were folly, then, and a waste of time, were I to burden you with a recital of the advances in medicine in all of its branches. I give you due credit for having kept abreast in the rapid progress of our profession.

That we are fast approaching the time when we shall speak of medicine as a science is being acknowledged by the majority of our critics, and the results of medical research and improvements tend to arouse in us a feeling of pride in our chosen work. Our methods of tracing and treating disease are more positive and exact; we are learning to recog-



nize the enemy of humanity, not only after he has overwhelmed his victim but before he has fairly taken charge of many strongholds.

The tendency of human cells is to throw off disease; *vis naturae medicatrix* is ever alert and active, while we lend our influence to encourage and strengthen that disposition. We should therefore use the word "cure" with considerable reluctance, for it is in rare instances that we are entitled to claim the full credit for a successful fight against disease. Our mission as general practitioners is to alleviate suffering and assist the natural forces to stem the onslaught of the invading armies; and then to rebuild what has been torn down, replace what was lost and mend the damages. To do this satisfactorily we must not only come forward with reinforcements early in the fight, and thereby either shorten the siege or resist the destructive ravages by the foe, but we must know early and at all times who our foe is; what his methods and what his aim. In technical language, then, diagnosis, and early diagnosis, of disease is of paramount importance and should ever be the watchword of the practical physician. And "diagnosis" I understand to mean the name and nature of the disease. It should comprise everything upon which proper treatment could be based. It should not only mean the discovery of the nature of a disease, but its progress, changes and complications as well. Throughout its whole course, diagnosis and treatment should go hand in hand.

And yet we all know that in general practice too much time and thought is spent upon the question of treatment. The armory is ransacked for weapons, the latest patterns of ammunition are secured, the mind bent on fight. The woods are shelled to dislodge the invisible enemy before his position is discovered or his strength measured.

There is nothing particularly novel in these remarks and I am convinced that you understand and realize their truth. Is it not a fact, however, that many of us fail in practicing what we were taught and would advocate if consulted?

It is thoroughly agreed that diagnosis is the essential requisite to intelligent and successful treatment, and yet, in most cases, the proper time is not devoted to its study. This is no less true in our Delta country than other sections. Too often malaria is diagnosed because of the residence of a

patient in a district where malarial disease predominates, and it has been said that quinine, being a specific against these diseases, is to be given in doubtful cases as a test, to either prove or eliminate malaria. Have you ever heard, in discussions over certain continued fevers, that some physicians follow the rule of giving quinine for four or five days and then, if no impression is made by the drug, the case is treated for typhoid fever? What about the time lost and discomfort suffered by the patient if the disease do fail to respond to this test? And this in the face of our positive knowledge of the *Plasmodium Malariae* and Widal reaction. We can, at least, decide as to the former very quickly and surely, if we are prepared, as we should be, and take the trouble. As to the latter we have almost an equally positive method.

I insist that, with the methods at our command, we should be reproached as severely for disregarding what we know to be our duty as physicians as we would be for absolute ignorance.

It is often difficult, and indeed many times impossible, to arrive at a correct diagnosis in the beginning or ushering in of disease and, forsooth, death has given us knowledge which we were unable to gather from the living subject; nevertheless, painstaking and thoughtful investigation cannot fail to repay us for additional time spent, and will always be more satisfactory than hurried and careless guessing, which latter practice soon tends toward habit, stunting our perceptive faculties and inhibiting proper application for diagnostic work. We soon drift into a routine that becomes a menace to our patients and an impediment to our progress—namely, “symptom treatment.”

There is another vice which will develop, very naturally, upon habitual negligence of proper diagnosis; it is nothing less than misrepresentation and prevarication. Deception is practiced when an expression as to the nature of the trouble is insisted on; a name is given, be it ever so absurd, to veil ignorance born of negligence.

We have gained much knowledge in the methods of recognizing diseases heretofore difficult and obscure, and we should be eager to profit by the results of the labor of investigators.

As desirable as early recognition is to the single person afflicted, it does not approach in importance the benefit derived therefrom, which enables us to shield others from a protracted exposure to the same influences. I here wish to disavow the purpose of entering into a general review of the subject of diagnosis; what I offer you are a few general thoughts gathered from my experience as a general practitioner and country physician. The question arises: "Has not the tendency of our minds been too much in the direction of treatment and providing remedies? Has not this drawn us too far away from a proper study of diagnosis?" I believe you will, at least to a degree, bear me out in the affirmative.

If we give homage to remedies at the expense of diagnosis, we necessarily, many times, misapply our treatment.

A symptom may be looked upon too frequently and hastily as disease, and the patient is treated for the relief of that symptom. If nature readily overcomes the process which has produced that symptom, we pride ourselves for having promptly cured our patient. Should the same symptom return, or others develop, like methods are pursued 'till perhaps the recuperative powers of the system dislodge the disease; we claim, and mayhap receive credit for, a mighty victory.

This happens repeatedly, much oftener than we would allow ourselves to acknowledge. Repetition forms the habit—and once establish the habit of symptom-treatment in place of a treatment based on a clear understanding of conditions and we will be slow to interpret intelligently the indications of the very symptoms which we are laboring to subdue.

Certainly, it is often necessary to relieve discomfort and suffering and respond to the calls of emergency, but it should never be forgotten that this discomfort is one of the many evidences whereby we must come to a verdict as to the offense committed upon the human economy by disease. We might as well think of obliterating the footprints which may lead to the detection of crime as to at once smother the symptoms which point to the intruder of a healthy body. As a chain of evidence is necessary to convict for a crime against the laws of the land, we needs must gather together, link by

link, the chain of symptoms in order that we may fasten the guilt on the disease which trespasses on the human economy. It is further proper to say that the most prominent and evident symptom is not necessarily the true indicator of what we have to contend against. The most significant marks may be almost imperceptible to close investigation, and entirely overlooked by a careless examination, yet in connection with others give us a bright future of, and a clear insight into, the status of affairs. I am inclined to the opinion, and I believe I am not far wrong, that there are few in this hall who have not at times been too quick in their conclusions respecting the diagnosis of some disease: and, indeed, a large number of physicians have formed the habit of quick diagnosis, not of the disease but a prominent symptom. I will digress momentarily to mention two symptoms which are frequently spoken of as diseases: dropsy and fever. It is not ignorance which permits a brother physician to tell us that his patient died of dropsy—certainly nothing but carelessness: which, however, in due time develops ignorance. Knowing, as an educated physician should, the different causes which produce dropsy, a little time, study and circumspection would have rendered him more accurate and possibly more successful in prolonging a valuable life. When is fever a disease and when a symptom? In my opinion it is never a disease, no matter what name is attached to the same, be it typhoid fever, malarial fever, puerperal fever or x fever. Nor is it sufficient to give a name to a group of symptoms and be satisfied that the diagnosis is made. Temperature is not to be considered, but the etiological factor which produces the same. I know a number of instances where the prompt and marked reduction of fever by antipyretics and other means has put patient, nurses and all slumbering at ease, to be awakened to the full realization that all was not as well as appeared. Do not understand me to condemn treatment, or rather alleviation, of painful or distressing symptoms, for that is far from my mind. It would be cruelty and malpractice to stand by a patient racked with pain, or panting under a burning and consuming fever, while we are looking for the cause and pathological condition; but I do say, and cannot express it too forcibly, that after we have succeeded in making our patient comfortable by such symptom-

relief, we should not allow ourselves to rest in secure abandonment, lest we be called on to repeat the same office when the effect of the soothing drug shall have passed away. If we must give our patient quick aid and relief, let us do so, but base our work for permanent and substantial relief upon a correct diagnosis arrived at by careful search and intelligent conception of the signs and symptoms of the morbid condition.

Make this method our rule in our chosen work as physicians and we will find it easier to arrive at correct conclusions as we grow older in our practice, and we will have less occasion to give evasive answers or even prevaricate in the matter. If we cannot get a clear insight into our case at once, our patrons will appreciate a truthful statement to that effect, and when we afterward tell them our diagnosis they will have reason to believe us and we will have their confidence, which once we have gained will not be easily lost. On the other hand, should we, to please the demands of a sick man, make a positive, a dogmatic statement and be forced later to admit of its incorrectness, or should affairs develop so as to make a diagnosis plain even to our patient, his relatives and friends, we may not only be held guilty of incompetence but "straight-out" lying.

Nowadays people know that a physician is not omniscient and they readily allot him reasonable time to find out what their ailments are. And if after careful thought and study he cannot arrive at a diagnosis, it is his duty to his patient and his own self respect to call in assistance. It is disreputable, and dangerous to his reputation, to treat symptoms day after day without trying to know what the actual disease is and, I repeat it, the physician who allows this habit to steadily grow on him will soon find himself unable to cope with a progressive and conscientious brother practitioner, his clientele will dwindle away and in the language of the street: "He will lose out."

I cannot close without a few remarks in relation to Pediatrics. To us, this branch of our labors is of the utmost importance and of vast responsibility. There are no patients who appeal to my sympathy so much as the little beings who on entering this world of joys and sorrows, sweets and bitters, are forced to taste the latter so soon; and who, alas too

frequently, after filling a home for a season with sunshine and happiness are doomed to leave it in darkness and sorrow.

There seems to be an idea that the diseases of infancy and childhood are difficult of diagnosis; the infant cannot tell of his pains and discomforts; the physician is deprived of the advantage of subjective symptoms. This notion, at one time deeply rooted in the minds of the laity, has deprived many unfortunate infants of scientific medical treatment, and I regret to say that physicians, even at this time, are inclined to humor the absurd belief that some old aunt or grandmother is more capable of successfully treating the "little folk" than is the medical profession. I deny that the practice of children's diseases is the most difficult work in the general practitioner's career; it is untrue as regards diagnosis as well as treatment. What we lose by the inability of the child to tell us, we more than gain by the story told us by the watchful and anxious mother who discovers the most minute changes in her babe's condition. She has noticed little irregularities which would have escaped an intelligent adult patient with a ready flow of complaining language.

In our endeavor to interpret the objective symptoms, we will remember, first, that we are examining a child, an infant. We cannot approach it as we would an adult; we will be tactful and circumspect in observing and noting everything about its appearance and acts. We were taught as students that this is necessary: as practicing physicians we should not forget it: and if we follow the teachings and influence of others we will, by habitual and conscientious search and inquiry, develop our powers of diagnosis in the practice of Pediatrics to such a degree that this branch of our duties will be a pleasure to us for the good we will be able to do unto the children. One of our greatest delights in this cold and thankless world is to have gained the love and respect of the little tots of the community in which we labor.

The acute diseases of infancy and childhood are few, and it is not difficult to keep in mind the most frequent troubles from which these patients are likely to suffer.

Diseases of the alimentary canal and respiratory system, with the usual infectious diseases of childhood, will nearly cover the whole field of their ailments, especially in the acute stages. Considering the season and prevailing diseases, it

should not be very difficult to arrive at a rational diagnosis by due inquiry and careful consideration of all data apparent in most of these troubles.

It cannot be controverted that the diagnosis of children's diseases becomes a comparatively easy matter as our methods improve in care and completeness. If we take time to make proper inquiries into the history and devote sufficient thought to careful inspection and due consideration, we will, in most cases, come to a correct conclusion as to the little one's trouble and rational treatment will be the outcome; if we are hasty and careless our treatment will be uncertain, vacillating and unsuccessful.

Lack of information cannot harm and handicap us in our professional career as much as a habit of carelessness and neglect. We receive knowledge by study and observation, but it must be by a constant and habitual exercise of the brain cells. There is nothing more responsive to habit and practice than that peculiar and essential condition of mind called concentration; a special devotion to a single subject, controllable by the will.

It is very plain, then, that to gain and possess diagnostic abilities it is necessary to ever exercise the mind for that purpose by an habitual use of the necessary qualities of mental action.

Habit and exercise strengthen and develop, neglect and disuse weaken and stultify our faculties.

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#### \* PNEUMONIA—REPORT OF A CASE.

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I do not expect in the report of the following case to prove or advance any new theories in regard to Pneumonia or its treatment, but the case presented some features which were very interesting to myself, and thinking perhaps they might prove likewise to some one else I wrote the case up.

Patient—P—Male—Switchman—after a day's work in the wet and mud, feeling as well as usual, was taken with chill and severe pain in left side about 11 p. m. on the 4th. day of February—chill unusually prolonged and severe. I

\*Read before the Clarksdale and Six Counties Medical Society.

called to see him early the following morning. Found him lying on left side and complaining of a severe pain in same. Temp. 104° F., Pulse 108 to 110, Resp. 30—short and catchy. Some cough, with mucus expectoration tinged with blood. The Temp., Pulse and Resp. remained about the same for the next three days. Had the pathognomonic "brick dust" sputa on second day. On fourth day : Temp. 104° F., Pulse 130, Resp. 40. Impossible to differentiate between the first and second sounds of heart. Upon making a careful physical examination of chest, found lower lobes of right lung consolidated. The "brick dust" sputa which had been expectorated the first few days and stopped, had reappeared. Temperature remained practically the same, 104° F., with slight variations for the next three days. Pulse 120 to, at times, 140 ; Resp. 50-60. Patient delirious all the time and fighting for breath. The theory of infectious diseases ending in recovery being that at the end of a tolerably definite time an antitoxin is elaborated in the blood, the effect of which is to neutralize or destroy the toxins of the disease, I naturally bent all my energies to hold my patient up to the seventh or eighth day, which is the time we expect crisis in Pneumonia or, in other words, about the time antitoxins are in sufficient force to neutralize the toxins, and at the same time wondered what effect they would have upon the local manifestation of the infection set up in the right lung four days later than in the left. On the eighth day, or perhaps the ninth, a profuse sweat began, with a decided drop in temperature, with marked slowing of the pulse and respiration, and convalescence had begun.

#### TREATMENT.

There are three indications to be met in the treatment of Pneumonia :

1st. Endeavor to counteract the injurious influence of the toxins upon the blood and tissues.

2nd. Treat special symptoms, dangers and complications.

3rd. Sustain patient and maintain his strength.

I met first indications by giving three grains of quinine, combined with Dovers powder to relieve the pain, every four hours. Also gave five grains of carbonate of guaiacol

every four hours. Gave five grains calomel combined with bicarbonate of sodium to open bowels. Used hot turpentine stapes on side. This was the treatment for the first forty-eight hours. On the third day the quinine and Dovers powder was discontinued. Gave codeine, gr.  $\frac{1}{4}$ , every four hours and covered lung with antiphlogistine; also gave another five grain dose of calomel. On the fourth day the guaiacol carbonate was stopped. I met second indication by looking after a failing heart; giving strychnia sulphate, gr.  $\frac{1}{4}$ , and tincture digitalis, gtt. x., every four hours, alternating. Also gave whisky whenever I could get patient to take it. On fifth day I stopped all medication by mouth except two tablespoonfuls of whiskey every hour; also one teaspoonful of aromatic spirits of ammonia every three hours. Gave hypodermatics of strychnia sulphate, gr. 1-40, and nitroglycerine, gr. 1-100, every four hours. I also blistered right lung, knowing that there is no direct vascular connection between the chest wall and the lung, but hoping to get benefit from it by reflex nervous action. Hilton in his book on "*Rest and Pain*," written a great many years ago, says, in describing the nerve supply of the chest wall and pleura, "that the intercostal nerves which supply the intercostal muscles, also send branches to the skin and pleura," and any external application which would affect these nerves would also affect the pleura through reflex action. We also know the pain in Pneumonia is due entirely to an inflamed pleura covering on the part of the lung involved. So if we accomplish nothing else with a blister, we relieve the pain. Gave morphine, gr.  $\frac{1}{8}$ , hypodermatically every night. This treatment was continued until the eighth day when crisis occurred. Then patient was gradually "let down," giving the hypodermatic of strychnia and nitroglycerine less frequently each time for the next two days. Then patient was put on the following mixture:

Ammonium Carbonate.  
Strychnia Sulphate.  
Tincture of Digitalis.  
Aqua.

I met third indication by giving milk, milk punch and egg-nogg. Gave patient sweet milk at stated intervals. Didn't consult him as to whether he wanted it or not. Also insisted that the room be well ventilated.

\*HOW ARE YOUNG PHYSICIANS TO DECIDE ON A TREATMENT  
FOR A PATIENT WITH PNEUMONIA? REPORT OF  
TWO CASES.

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I cannot hope that these pages are free from errors, neither can I claim a ripe experience as many of this body can, but I read this paper ready to give my heartiest thanks to any hearer who, by exposing my mistakes to this body as a brother, will aid me by teaching a better treatment or better agents I could have used in the two cases I shall report presently.

So often are we confronted with complications that the treatment of Pneumonia resolves itself largely into meeting conditions as we see them at the bedside—my preceptor has often told me to treat the patient, not the pneumonia. Indeed, a young physician needs only to recall the various methods in vogue to find himself absolutely at sea, and if he expects to treat pneumonia from his brother's experience and his neighbor's satisfactory results he will soon render himself incapable of the great responsibilities of his calling.

The point I wish to make is that we are to be guided largely by what we meet in the given case and must not rely on any recognized treatment without a careful study of the conditions before us. If in our opinion a drug is indicated, whether we use expectorants, stimulants, cold packs or blisters, give for effect and not because our medical faculty says give it.

If I am capable of entering this great field or worthy of respect in the profession, it comes, I hope, from my earnest efforts, zeal and devotion, for I do not feel that I can deal intelligently with any abnormal condition of the human system without a comprehensive knowledge of the conditions that I am to face.

Case I. Mary B., aged 22. Was called Jan. 25th. Found patient in intense pain. A thorough examination left no doubt that I had to deal with a case of pneumonia; complicated, as I suspected, with pericarditis. Temperature was

\* Read before the Clarksdale and Six Counties Medical Society.

105° F., Resp. 40, Pulse 130 and very weak. I reduced fever with acetanilid, phenacetin, mono-bromate of camphor and caffeine, repeated every two hours until temperature was 102° F. I also gave calomel in grain doses every hour until eight had been taken, together with two grains of Dover's powders.

Twenty-four hours later I found the patient fairly comfortable. The temperature was 102° F., and all the other symptoms better. I now put her on 1-40 grain strychnine every three hours and  $\frac{1}{2}$  ounce of whiskey every four hours.

On the next visit I discontinued everything but the stimulants and put her on expectorants, discharging her on the tenth day.

Case II. John T., age about 65 or 70. Was called at night in great haste, patient said to be dying. I found him blistered all over the chest, with high fever and pain severe in the right side—largely due to the blister. Luckily for me, I saw him just as crisis was approaching. I gave him ten grains of calomel with five grains of Dover's powders, and put him on 1-40 grain strychnine and  $\frac{1}{2}$  ounce of whiskey every four hours.

On my next visit he had but little fever and was much improved, and the next day I found him calling for something to eat and feeling so well that rather than spoil my praise with that family I dismissed the case and wrote a receipt for my bill.

#### EMPYEMA: WITH REPORT OF TWO CASES.

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*The Journal of the American Medical Association* has recently noted, Feby. 14th. 1903, Dr. Ingals' treatment of empyemata. From what I can gather of the history of such operations, I do not think this one is wholly new. (See Ericson's *Science and Art Surgery*, Vol. I, page 313, and more

recent works.) Possibly the greatest innovation is the introduction of the drainage tubes through a canula, which is not necessary and which necessitates a very large opening in order to admit of a canula of sufficient calibre to carry two tubes of sufficient size to allow free drainage.

The two cases noted here were done without a general anesthetic. In these operations, so far as I have observed in my limited experience, I do not think the entrance of air is as harmful as some writers would have us imagine. Moreover, the disposition of many operators to draw off only a portion of the pus is, I believe, wrong in principle. Where else do we act in like manner? In opening and draining an abscess anywhere else, the advice is to empty completely and drain thoroughly. In my opinion, resection of ribs is only necessary in chronic cases where we have pleural thickening and adhesions or destruction of lung tissue. A failure to operate early I believe to be the reason for the necessity of resection of ribs.

The objection to rapid and complete evacuation of the pleura I conceive to be the irritation of the air cells by the sudden ingress of air, resulting in severe cough and possibly inflammation, but this can be prevented to some extent by allowing the patient to inhale a simple or medicated steam vapor, the apparatus for which can be conveniently arranged at the bedside.

Case I. On March 31st. 1900 I was called to see Mr. R., white, aged 23. He was suffering from pneumonia, sequel to measles. I saw him daily until April 4th., when he was discharged apparently convalescent. I saw nothing more of him until May 3rd. He had had a chill ten days previous, followed by fever and cough. I found him extremely emaciated, with pulse 120, temperature 101 1-2° F., respiration 25, sweating profusely and with some cough, especially when he attempted to lie on the left, the healthy, side. Complete dullness was observed over the entire right lung and respiratory sounds were entirely absent except over a small area at the apex. I diagnosed empyema.

After consultation I operated, May 8th., instituting the usual antiseptic precautions as to patient and instruments.

I first introduced the aspirating needle, thus confirming the diagnosis, and then substituting the canula attached to

an aspirator I drew off fifty-two ounces of pus. After thoroughly emptying the cavity, I made a free incision between the ribs and inserted a double drainage tube, which I secured by means of a safety pin, applying finally a dressing of gauze and absorbent cotton secured by means of adhesive strips. Drainage was free for a week or more, when it ceased to be satisfactory and I washed out the cavity with a boric acid solution. The young man was up at the end of the month and has been in good health ever since.

Case II. This man was first seen Jan. 17th. 1903. He had been sick for a week or ten days with cough and slight fever. He had had scarcely any pain. The respiration was 40, the temperature 102° F., the pulse 120 and quite weak. Dullness extended over most of the right lung. Expectoration was slight and not blood-stained. After a week he began to have chilly sensations and to sweat freely and was unable to lie on the left side without severe cough and a feeling of suffocation, a common symptom of pleural effusions.

The sanitary surroundings and condition of the patient were such that I delayed operating for several days, hoping to better them. On Feby. 14th., under cocaine anesthesia, a free skin incision was made and a large trocar and canula pushed into the pleural cavity. After considerable pus had escaped I enlarged the wound between the ribs and passed in a double drainage tube through which escaped, estimated, one gallon and a half of pus.

The tubes and dressings were arranged as in the previous case. On the fourth day the tubes came away, but I did not replace them as drainage continued good. Recovery was uneventful, the man being up and doing his own cooking when discharged, about March 1st.

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The Medical Department of the University of the South, Sewanee, Tenn., will open its eleventh annual course of lectures on May 4th. 1903. The course will continue uninterruptedly until the latter part of January 1904. The nine months are divided into terms of three months each, and attendance on two continuously entitles the student to credit for one year's college work. Of some two hundred students matriculated there during the past year, more than twenty were from Mississippi. Two of the forty graduates were from this state.

## ABSTRACTS AND EXTRACTS.

## The X Ray.

McCormack (*American Medicine*, January 24th. 1903) says:

"I venture the prediction that within a few years no medical or surgical diagnosis in any but the plainest cases will be considered definite or complete without a report from a reputable, competent radiographer. It will doubtless be difficult for physicians not familiar with the x-rays to understand the dependence upon them by every one accustomed to their use. Of course we are but at the threshold of our knowledge of this agency, but even now Williams is able to make a positive diagnosis of the beginning of tuberculosis long enough before physical signs can be found to make the difference between success and failure in the treatment of this most common and most dreaded disease, while Leonard has taught us not only to make an absolute positive or negative diagnosis of renal or ureteral stone, but at the same time to locate it so definitely that the danger of the surgical procedures necessary to its removal is reduced to a minimum. The methods of these masters of our art are placed freely at the command of all medical men, and it is only he who will not, who fails to avail himself of their assistance."

He has used both the coil and the static machine and believes that for ordinary work the latter will prove more satisfactory.

In treating fractures and dislocations he finds the x-ray of great use, especially in fractures of the small bones of the hand and foot—now recognizable, but formerly treated as dislocations—and in fractures complicated with dislocations.

In new growths involving bone, and in diseases of the bones, the value of the x-ray is apparent, while in the detection of foreign bodies contained within bones or bony cavities, it is of particular interest.

For removal of foreign bodies from the soft parts he prefers to locate them by the use of the fluoroscope rather than to make radiographs in perpendicular planes. The removal may be done under observation through the fluoroscope.

"The size and depth of many new-growths of soft parts may be marked out very definitely with the x-rays. Particularly important, as modifying the character of opera-

tions, is the location of growths of some size in the neck as to whether they extend behind the clavicle and into the thorax. Several tubes of various degrees of resistance should be used in such cases. Even large abdominal tumors cannot usually be made out but the displacement of the diaphragm is always noticeable. Aneurysms may also be considered under this head for convenience; they are usually very dark and their pulsations easily noted."

Of affections of organs within the chest we "are chiefly interested in empyemas, pleurisy with effusion, gangrene of the lung and tuberculosis. Dr. Williams, in his extraordinarily complete work on this subject, has shown that in all affections of the lungs the diaphragm on the affected side has a relatively lessened range of motion as compared with the sound side. Darkened areas in the lungs indicate disease of the lung substance while cavities and emphysema are shown by clear bright spots, or in the latter disease over all of both lungs. Pleuritic effusions are readily noted by the displacement of lung and often also of the heart. In empyema the resistance to the light is much greater and the area filled with pus is almost or quite black. Gangrene of the lung is similar in appearance to pneumonia but the area is usually larger and darker. Displacement or enlargement of the heart may be readily noted and given its proper significance.

"Leonard has taught us how to make a positive diagnosis of renal or ureteral calculus by making a radiograph with a low tube—so low in fact that anything in the abdomen of greater density than the soft parts will be shown. He expresses perfect confidence in his negative as well as positive diagnosis, and his wide experience and perfect success make him our Nestor in this department. We cannot yet as certainly find stones in the bladder or the gallbladder, but this is purely a question of technic and may be solved satisfactorily any day. It is important in all cases when ureteral or renal stones are located to operate as soon as possible, not only for relief to the condition but also because the stone may move and not be readily found."

"At the Edinburgh Medico-Chir. Society Dr. Allan Jameson showed a case of Xeroderma pigmentosum which had been treated by the x-rays. The patient was a little girl, the youngest of two children, who had suffered from the disease. At the age of twelve months she began to develop freckles at the side of her nose. Later telangiectasis and whitish spots began to develop on the face. The disease had extended to the hands and wrists. When seen on October 1st., there were an epitheliomatous growth on the tip of the nose of the size of a sixpence and numerous warty

growths on the face. Thirty-four exposures to the x-rays, each of five minutes for the face and fifteen minutes for the right hand were given. The growth on the nose and all the warts on the face disappeared. An x-ray dermatitis was produced. The nose is now whiter than the rest of the face and there is marked improvement of the right as compared with the left hand. This case shows the difference between the action of the x-rays and the ordinary actinic rays of the spectrum, for the latter tend to increase pigmentation of the skin."—*Jour. American Med. Assn.*

J. D. Gibson (*Alabama Medical Journal*, Feby.) concludes a "Report of Cancer Treated By X-Rays" as follows:

"I am positively convinced that any form of malignant growth can be cured by patience and a proper exposure to the Ray. All X-Rays are not capable of doing the same work, no more than the winter or arctic sun will accomplish the work and furnish the heat necessary in the tropics. The sun is the same, but its effects are quite different, and so with the Rays; the individual peculiarity of different individuals is an important factor, to say nothing of the different kinds of tumors and also their reaction and accessibility.

I believe that for the cure of any ordinary malignant growth or cancer by the means of the X-Ray only two things are necessary and that is quality and quantity, with proper protection of adjacent tissues.

The cancer on the surface with no deep projections or roots, as on the temples or arm, needs a very different Ray from a uterine cancer, in fact in treating cancers rays from the softest to the hardest tubes should be used as the individual case requires.

In treating, for instance, an epithelioma of the temple or parietal region of the cranium, you would find that a very powerful Ray from a hard tube every day would bring on such mental symptoms and discomfort as to cause you to desist, and really might injure the brain, while in a uterine or other internal cancer it would be the thing desired.

In summing up I will repeat I consider the Roentgen Ray, when the appropriate penetrating radiance is used at a correct distance, and a sufficient length of time is allowed, the specific almost absolutely for any malignant growth."

H. L. Hilgartner (*Texas Medical Journal*, Feby.) reports a case of double glioma treated with X-Ray. In the right eye the growth had reached the pupil, filling the space occupied by the vitreous, the anterior chamber being nearly obliterated. There was severe pain. In the left eye the growth could be easily discerned and had already caused total blindness. Exposures were made daily and lasted about fifteen

minutes. After the second application, the pain in the right eye was relieved. Treatment continued eighty-four days. After a rest of two weeks, treatment was resumed and carried on for periods of two or three weeks with equal intermissions. Eight months after the first treatment no growth was apparent in the left eye and that in the right had shrunken to two-thirds its former size.

Cooke (*Medical and Surgical Monitor*) writes of the X-Ray in obstetrics. The value of the X-Ray for studying the dimensions of the pelvis is practically lost on account of the difficulties of its use, and at the best it is probably not so reliable as mensuration and palpation performed by a skilled observer. In the study of the gravid uterus the results are wholly unsatisfactory when compared with those obtained by the ordinary recognized methods of examination. For diagnosing certain forms of ectopic gestation fairly reliable presumptive evidence may possibly be secured, but more positive methods will be needed before it can be accepted. Advanced pseudocyesis could doubtless be detected by the use of the rays, but a little chloroform will accomplish the same results more easily. In suspected twin pregnancies, where diagnosis can not be made with certainty, the X-Ray may have a distinct diagnostic value and would doubtless be of service.—*Journ. American Medical Assn.*

Hall-Edwards (*Archives of the Roentgen Ray*) believes that in the treatment of rodent ulcers by means of the X-Ray the production of a slight dermatitis is essential, and is convinced that the result is brought about by the inflammatory condition. He makes exposures every, or every other, day for a period of ten minutes, at a distance from three to eight inches from the tube, until a well marked dermatitis is produced about the ulcer. Treatment is now discontinued and in a few weeks the ulcer is healed. The cases that do not yield to treatment are those in which bone or cartilage is laid bare or when the bottom of the wound cannot be directly exposed to the ray.

In cancer superficially situated the effect of the ray is best marked, though it appears to have good effect upon deeply-seated growths. In these cases the chief danger is from the burning of the over-lying skin. Here also no effect can be expected unless a limited amount of dermatitis be produced. He has found that in large majority of cases there is marked relief from pain.

Moseley (*American Medicine*, Jan. 31) has treated by means of the x-ray twelve cases of malignant disease with results as follows:

|        |       |  |        |                |        |
|--------|-------|--|--------|----------------|--------|
| “ Case | I.    | Epithelioma of lip                       | -      | -              | Cured. |
| Case   | II.   | Epithelioma of lip                       | -      | -              | Cured? |
| Case   | XII.  | Sarcoma temporal region (recurrent)      | Cured. |                |        |
| Case   | IX.   | Carcinoma of inguinal region (recurrent) | Cured? |                |        |
| Case   | III.  | Epithelioma of face                      | -      | Much improved. |        |
| Case   | VII.  | Carcinoma of breast                      | -      | Much relieved. |        |
| Case   | VI.   | Carcinoma of breast                      | -      | Not improved.  |        |
| Case   | X.    | Sarcoma of pharynx                       | -      | -              | Died.  |
| Case   | XI.   | Sarcoma of buttock                       | -      | -              | Died.  |
| Case   | V.    | Carcinoma of breast                      | -      | -              | Died.  |
| Case   | VIII. | Carcinoma of inguinal region             | -      | -              | Died.  |
| Case   | IV.   | Carcinoma of jaw                         | -      | -              | Died.” |

“ From these and other cases the following conclusions have been drawn:

1. The small superficial cases of malignant disease seem to be most susceptible to this method of treatment.
2. The relief of pain is a very prominent feature of the Roentgen ray treatment, and is often noticed after the first exposure. In cases which have not progressed too far, it is almost possible to promise the anesthetic effect.
3. It is impossible to determine from our present knowledge without trial what cases will be favorably influenced by treatment, but patients should be warned not to be too hopeful.
4. The danger of burning is a real one. Patients should appreciate the possibility of it before treatment is started, although with precautions it may be avoided. In hospital work when the operator is doing much Roentgen ray work, the greatest precaution should be exercised in the care of his own face and hands. The apparatus should be arranged so that all changes in the tube necessary to be made while it is running can be accomplished by switches or mechanical devices so placed that the operator can control them at a distance of 12 or 15 feet from the tube.”

Ross and Martin (*Therapeutic Gazette*, February) hold that one of the most promising uses of the x-ray is as an analgesic, “ particularly in cases of morbid growths that have advanced too far for operation, or when recurrence has taken place.” “ The most satisfactory, and probably most prompt, results are secured in cases of lupus. In these cases the appearance of an x-ray burn is usually very prompt, and a corresponding amount of care should be exercised not to over expose.”

Leonard (*Philadelphia Medical Journal*, February 14th.) holds that the method of treatment of malignant disease by the use of the x-ray is of so recent date that no cures can be claimed. Granting the possibility of recurrence, however,

the results demonstrate the efficiency of the method. Moreover, they show that this remedy is the most efficient known in combating malignant growths.

He concludes as follows:

"It has been demonstrated that this agent has an alterative and destructive action upon malignant tissue, producing retrograde changes that vary in their degree and intensity. These degenerative and destructive effects may be so great that, in large subcutaneous malignant growths of low vitality, such a rapid destruction may take place as to flood the system with toxins and result in a fatal auto-intoxication or septicemia.

The harmful effects, noted by some observers as 'a stimulation of the growth of the tumor,' were probably due to this cause or to a real stimulation by too weak a dosage.

When the dosage shall be determined for the various manifestations of malignant disease, this agent will undoubtedly prove to be one of the most potent. Until then it must follow operative intervention as a supplement to that method. Operation removing the macroscopical malignant tumor, the subsequent Roentgen treatment dealing with the microscopical residual disease that has escaped the knife. Such a combination is both curative and prophylactic. It destroys any foci that remain, and prevents recurrence. It gives the patient the benefit of the two most potent methods of combating malignant disease.

As a primary method of treatment it has no place, except when operation is contra-indicated or when more cosmetic results can be produced, in cases in which life is not threatened by delay, or in which the disease is already inoperable.

This agent must be employed with as great care as any other possessing such marked alterative properties. The harmful effects must be noted and guarded against by adapting the dosage to the individual patient and watching with care the systemic effects. Stimulation of the disease is the result of too weak a dose, auto-intoxication the result of rapid destruction of large areas by too large a dose."

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## THERAPEUTICS.

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In a paper read before the Cincinnati Academy of Medicine, Dr. Taylor states that the x-ray is valuable for therapeutic purposes in the following conditions: (1) In hyper-

trichiasis, for the removal of undesirable hair; (2) in diseases of the hair and hair-follicles, such as sycosis, tinea, tonsurans, favus, and when the removal of diseased hair is essential; (3) in the treatment of inflammatory troubles, such as chronic eczema, in which it is necessary to stimulate the tissues and produce absorption of inflammatory products; (4) in certain affections in which it is desired to cause destruction or absorption of tissues of low vitality; (5) to relieve pain and to produce sleep.

**EPITHELIOMA.** "From all appearances the use of x-rays for the eradication of epithelioma means a remarkable progress in this department of surgery. My own observations in nine cases of this kind are certainly such as to make me rather enthusiastic in this respect. My cases were all of the superficial variety. Three of them were relapsing forms and had been previously treated by me by curetting and cauterization. In these latter cases the diagnosis had been established previously by microscopic examination. In the others this additional help to the diagnosis was considered undesirable, as a removal of tissue would be contrary to the conservative plan of radiotherapy. The treatments were given with a strong light, the distance of the tube being from 5 to 10 cm., the sittings being ten minutes, repeated at daily intervals for a time, and then only every two to three days. The case of epithelioma of the lower lip was demonstrated before my class at the Northwestern University before the beginning of the treatment, and afterwards when cured. It required ten treatments during a period of four weeks. The one on the tongue yielded to twelve exposures given during three weeks. In only one case was there produced a reaction amounting to severe dermatitis. In most of them the exposures were interrupted at the first sign of a slight irritation and further results waited for. In all of them, I am happy to record, at least for the time being, a recovery.

A comparison of this method with all others known, both by surgical means and by caustics, must necessarily establish a vast superiority of radiotherapy, not only as regards its absolute painlessness, but also as regards the condition of the scars. Whether the results attained in my own cases and in the many reported by Pusey and others will prove permanent, remain to be seen; but to my mind the elective and deep-reaching action of the rays seems more radical than any surgical interference possibly could be."—*Zeisler, Journal American Medical Association.*

**SOCIETY PROCEEDINGS.****THE CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY.****Stated Meeting March 11th. 1903.**

The society was called to order at 3 P.M., the president, Dr. M. J. Alexander, of Tunica, in the chair. The minutes of the previous meeting were read and adopted.

On motion of Dr. Martin, of Clarksdale, the secretary was instructed to supply the vice-president for each county with a list of those physicians in his county who have not yet affiliated, and direct that they urge upon them the advisability of becoming members of this society.

Dr. R. H. Speck, of Hushpuckena, began the work of the evening with a paper on Pneumonia,\* reporting two cases. Dr. M. M. McMillan, of Rosedale, read a paper\* reporting a case. Dr. Gray, of Clarksdale, opened the discussion and was followed by Drs. Martin, McElroy, Turner and others.

President Alexander now delivered his address,\* which was received with a rising vote of thanks and was referred to the *Mississippi Medical Record* for publication.

On motion of Dr. Martin, of Clarksdale, the secretary was instructed to write Dr. Sutherland, of Rosedale, President of the State Medical Association, stating it is the wish of this society that the next meeting of the State Association be held at Greenville provided the levee does not break.

By unanimous vote the society now adjourned to accept the hospitality of Dr. J. W. Gray Jr., who entertained it at a reception at his residence.

**Night Session.**

The society was called to order at 8:30 o'clock.

Dr. E. Martin, of Clarksdale, was called on to give some of his experiences in the use of the urethratome; which he did, exhibiting the instrument and explaining his method. This subject was then freely discussed.

A rising vote of thanks was extended Dr. and Mrs. Gray for their hospitality, and to the ladies and gentlemen assisting them.

The society then adjourned, to meet the second Wednesday in June.

**MISSISSIPPI STATE MEDICAL ASSOCIATION.**

The Committee of Arrangements of the State Association has decided that present conditions do not justify any change in the place of meeting; therefore, unless some further developments in the condition of the levees and the high water should necessitate a change, the meeting will be held at Greenville, April 15th., 16th. and 17th.

\* Which appears in this issue.

# EDITORIAL.

H. H. HARALSON M.D.

E. F. HOWARD B.S., M.D.

VICKSBURG, MISSISSIPPI.

Official Organ of the Clarksdale and Six Counties Medical Society.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

The recent decision of the supreme court in the case of *Hayden vs. State* brings the profession face to face with a condition that it cannot evade. Briefly stated, this case is as follows: An osteopath in Alcorn county was tried and convicted before the lower court, the charge being that he was engaged in the practice of medicine without a license. He appealed and the supreme court turned the case down on a technicality, there having been no punishment imposed by the lower court. On its return to the supreme court, that learned body decided that osteopaths are not amenable to the laws, and that they need no license to practice—whatever it is they do.

The result will undoubtedly be that the State will soon be flooded with these people who call themselves "doctors," treat diseases of all kinds and collect fees, without practicing medicine. It may even go further than that. Why cannot the men who fail before the State board go into practice shielded by the osteopathic title? They would probably be infinitely more successful, from a professional even if not from a financial standpoint, than the real article.

Fortunately the State Association meets in a few days and can take some action in the matter. It is useless to revile the present laws or to insinuate that the supreme court has misconstrued them. Neither method will remedy the case. If there is any doubt in the matter, if the laws are so badly worded that misconstruction is possible, or so incomplete that they do not properly define the practice of medicine, we need new laws. And we want laws that will cover everything and everybody engaged in the treatment of disease—the regular and the homeopath, the Christian scientist

and the osteopath, the magnetic healer, the counter-prescribing druggist, the "yarb doctor," the voodoo man and all others, regardless of class or title, who undertake to remedy physical ailments.

Let it be understood fully that we are not instituting the *persecution* of osteopathy or osteopaths. We should demand, and we should do it in the interests of the laity as well as in our own, that the laws be so revised that no one shall undertake the treatment of disease until he shall have proved himself qualified to do so. As it stands now, the regular physician is the one against whom the law discriminates. He is the one who has to undergo the restrictions and expense required by the law. So let us all put our shoulders to the wheel and heave the legal wagon out of the bog-hole of narrow mindedness.

And in this connection we wish to urge again what it is not too late to do—the organization of county societies. It is not only much easier to approach the legislators as an organization than an individual, but the man who lives by votes necessarily is more impressed by the representative of a body than by one man. Moreover, what is everybody's business is notoriously nobody's business. The society will take action when the unorganized profession of a county will each man leave the matter to his neighbor and no one will do the work. Each member of the legislature should be instructed as to what is his duty in the matter, and no one of them must be left out. The doctors in the sparsely settled counties must not stand by idle because there are no osteopaths or other fakes in their field. It is a duty that they owe their profession as a whole, a duty that they cannot afford to shirk.

The *Record* invites correspondence on this matter and will be glad to publish any letters bearing on the subject, even though the writers may differ from the opinions held by its editors.

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#### THE SHAME OF IT.

The spectacle presented by the health authorities of Mexico in honestly doing their duty in combating Bubonic plague is a sight that should bring a blush of shame to every health official in California who knowingly and wilfully lied about the existence of this scourge in the city of San Francisco for the past several years. It has been charged

by the higher authorities of Mexican health matters that the disease was brought to Mexico from San Francisco, and it is hardly to be supposed that it came from anywhere else, as it had been in that city for several years previously, and practically no effort was made to suppress it.

The disease has been killing many people at the various points in Mexico to which it has been carried, and the presumption is but fair that proportionally as many have died in California in the same length of time, as the disease was allowed to pursue its ravages unmolested. That there have been hundreds of cases is undoubtedly true, despite official reports to the contrary, and nothing should bring the blush of shame quicker than to think that these people in Mexico, whose moral worth we have so often derided, have lived up to the full standard of honesty and humanity in this outbreak.

Look at it as one may, there is no escape from the conviction that to wilfully permit a preventable deadly disease to become disseminated among an innocent people is murder, and the worst kind of murder at that—a murder for money.

There is something worse than Bubonic plague, and that is greed for gold and gain which stops at no moral law.

In this country of ours, God pity us, this loathsome infection is epidemic, and if the moral fibre of our nation does not recover itself before many years, the Republic will have gone the way of similar historic governments ; stabbed with a golden dagger.

It is given to our profession largely to direct channels of thought among our citizenship, so let us bear in mind the fact that duty is the sublimest word in the English language and that it stands for more than gold.

H. M. FOLKES M. D.

NOTE—A glance at the public health reports of the Marine Hospital Service would seem to justify Dr. Folkes' indignation. The following clippings show something of the condition of affairs :

"For record of plague in San Francisco for calendar year 1902, see Public Health Reports No. 53, December 26, 1902. A summary of cases since March 1900, when the first case was officially reported, is as follows: Calendar year 1900, cases 22; deaths 22. Calendar year 1901, cases 28; deaths 25. Calendar year 1902, cases 41; deaths 40."

Report from Mazatlan, Mexico: "Consul Kaiser reports, January 17, as follows: According to statements from the delegate of the superior board of health of Mexico and other physicians, the fever or bubonic plague is abating and under control. The committee now in charge burns or thoroughly disinfects all houses in which the disease has occurred. From the beginning of the plague to date, 102 houses have been burned. There are two detention camps, one for convalescents and one for suspicious cases. Authorities are doing their utmost to clean and disinfect the city."

MAZATLAN, MEXICO, February 6, 1903.

ADDEE, *Department of State, Washington*: Total deaths of plague to February 1, 200; total cases plague same time, 260; weekly report to sanitary department to date.—Louis Kaiser, *Consul.*"

"The consul-general at City of Mexico reports, February 21, as follows: Quarantine against San Francisco established by minister of Government on 2d. instant. He has evidence satisfactory to him plague existed in San Francisco in January last. He declines to raise quarantine."

## BOOK REVIEWS.

**Surgical Anatomy.** A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery, by John B. Deaver M.D., Surgeon in Chief to the German Hospital, Philadelphia. In three volumes illustrated by 499 plates, nearly all drawn for this work from original dissections. Vol. III—Abdomen; Pelvic Cavity; Lymphatics of the Abdomen and Pelvis; Thorax; Lower Extremity. P. Blakiston's Son & Co., Philadelphia.

The present volume of this work has been looked forward to with great interest by all who have had the pleasure, and profit, of seeing its predecessors and is welcomed by them very warmly: It will be found to fulfill the most sanguine expectations, and completes in the fullest manner one of the best works of its class. The one hundred and seventy-seven plates with which it is illustrated are for the most part new, being taken from original dissections, and form probably the most complete collection of the kind yet offered to the profession. These plates are so well executed, and so true to life, that one is almost irresistably tempted to ignore the text of the book from sheer admiration of what are, in the fullest sense of the word, works of art.

As to the book itself, no brief review can do it justice. It is at once concise and voluminous. The salient features are well brought out while the minor parts are not ignored. In a word it is beautiful, complete and to the surgeon invaluable. The presswork and general get up are of the highest order.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition**, by Prof. Carl von Noorden, senior physician to the City Hospital in Frankfurt a. M. Authorized American Edition, translated under direction of Boardman Reed M.D., Prof. of Diseases of the Gastro-Intestinal Tract, Hygiene & Climatology, Dept. of Medicine, Temple College, Philadelphia. E. B. Treat & Co., Publishers, New York.

Part I. Obesity. The Indications for Reduction Cures. Price \$ .50. This subject, with us generally so little understood as to furnish a large field for quacks, is here treated by one thoroughly at home in the matter. An interesting feature is that no special reduction treatment is advocated, but the necessity of fitting the treatment to the individual patient is emphasized. Consideration is also given to complicating diseases.

Part II. Nephritis. Price \$1.00. The master's hand is here so strongly shown that were the work anonymous the author would be accused of egotism. Dr. von Noorden rides a tilt against many old established methods in his discussion of the dietary and treatment of nephritis, and does it in a way that will make the book of interest even to skeptics. Drugs find little place in conditions of disordered kidney, and most that are noticed are mentioned among those to be avoided. As to diet, he has not had the best results from a purely milk diet, and the liberality of his menu will be a revelation to physicians and a joy to patients.

Part III. Membranous Catarrh of the Intestines. Price \$ .50. Dr. Von Noorden writes of this by no means uncommon trouble in a practical and straightforward way. The treatment he advocates, while somewhat at variance with that advised by many authorities, seems eminently rational.

These three little volumes are gotten up in a neat and attractive style, the presswork being of an unusually high order.

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**The Practical Treatment of Stammering and Stuttering** with suggestions for practice and helpful exercises, by Geo. A. Lewis, originator of the Lewis Phono-Metric Method, founder and principal of the Lewis School for Stammerers, etc.; and a Treatise on the Cultivation of the Voice with a discussion of principles and suggestions for practice, by Geo. B. Hynson M.A., late principal of the National School of Eloquence and Oratory, Instructor in Public Speaking in the University of Pennsylvania, etc. Geo. Andrew Lewis, Detroit. 1902.

Stammering and stuttering are conditions that are usually treated lightly by the public, though the unfortunates who suffer from them are not apt to so consider them. The authors seem to have a good grasp of their subject, and the suggestions offered are at least worthy of trial. Those regarding discipline, moral influences and exercise are eminently sensible. The part devoted to cultivation of the voice is what is usually taught in a school of elocution.

**Tuberculosis.** By Addison Baird M.D. Published by J. Dougherty, 409 West 59th St., New York. Paper \$.25.

A popular presentation of the subject with thirty illustrations.

### OBITUARIES.

Dr. W. H. Baird, of Oxford, died at Jackson, Tenn., March 6th., in the fifty-eighth year of his age. He had formerly practiced in the delta but for the past fifteen years had resided at Oxford, where he was well known and much loved and respected.

Dr. W. E. B. Davis, of Birmingham, Ala., was killed February 24., by being thrown under a moving train by a frightened horse. He was a member and officer, or ex-officer, of many medical organizations, and was widely known as an able contributor to medical literature and as an exceptionally skilled surgeon. His untimely death creates a void not only in the profession of the south but of the country—a void that will not be readily filled.

### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)

FOR FEBRUARY 1903.

| CAUSE                                    | WHITE |        | COLORED |        | TOTAL |
|--|-------|--------|---------|--------|-------|
|  | Male  | Female | Male    | Female |       |
| Burns.....                               |       | 1      |         |        | 1     |
| Bronchitis, Acute.....                   |       | 1      |         |        | 1     |
| Congestion of Stomach.....               | 1     |        | 1       |        | 2     |
| Heart Disease, Mitral Insufficiency..... |       |        | 1       |        | 1     |
| Inanition .....                          |       | 1      |         |        | 1     |
| Nephritis.....                           |       | 1      |         |        | 1     |
| Paralysis.....                           |       |        |         | 1      | 1     |
| Paresis.....                             |       | 1      |         |        | 1     |
| Pleuro-Pneumonia.....                    |       | 1      |         |        | 1     |
| Pneumonia.....                           |       | 2      |         | 3      | 5     |
| Typhoid Fever.....                       | 1     |        |         |        | 1     |
| Uraemia .. .....                         |       |        | 1       |        | 1     |
| Wounds, Incised.....                     |       |        |         | 1      | 1     |
| Cause not given.....                     | 1     |        | 1       |        | 2     |
|  | 3     | 8      | 4       | 5      | 20    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

# *Mississippi Medical Record.*

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## ORIGINAL CONTRIBUTIONS.

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### INJURY OF THE EYEBALL: REPORT OF FIVE CASES.

BY M. H. BELL M. D.,

VICKSBURG, MISS.

Any penetrating wound of the eye is a serious injury, frequently causing loss of the eyeball or loss of vision in the injured eye and sometimes causing loss of vision in the uninjured eye. Just what the treatment should be in a given case of wound of the eyeball is a hard question to decide.

Some of the questions which when answered will help us in giving a prognosis and in deciding upon what lines our treatment will be carried forward may be enumerated as follows: 1. What caused the injury? 2. Is there a foreign body in the eyeball? 3. What is the site and size of the wound? 4. What is the condition of the eyeball and its contents? 5. Is there any protrusion of the iris or vitreous through the wound?

Knowing all the points covered by the above questions we can in nearly every case decide what line of treatment is indicated.

In the eye, as in all other tissues, a lacerated or bruised wound is worse than a clear-cut, incised wound; hence in a case of a wound caused by a blow from the fist we would give a worse prognosis than where the wound was caused by a knife. Knowing the nature of the body causing the wound would also help to determine whether the eye contained a foreign body. For example, in a wound caused by a small piece of steel from a hammer or chisel, or small bits of emery, shot, etc., we would at once suspect that the eye contained some foreign body. On the other hand in a wound caused by a blow from the fist or by striking the eye against

a chair or post and in any wounds caused by comparatively large bodies we could eliminate the question as to the presence of a foreign body much easier. In fact we have in the majority of cases to depend on the history of the injury in deciding whether or not a foreign body is present because the contents of the eye are so clouded from the injury and from the hemorrhage into the interior of the eye that we cannot tell anything from the ophthalmoscopic examination.

When the presence of a foreign body is suspected resort should always be taken to the x-ray examination, which will help not only to determine the presence or absence of a foreign body but will locate its position when present. Should its presence be determined, an attempt to extract it should be made and if we succeed in removing it with little disturbance of the contents of the eyeball the eye can usually be saved unless the wound becomes infected. Should the attempt to remove the body fail, and we are certain of its presence in the eyeball, the safest plan will be to enucleate the eye.

Several cases are recorded where a foreign body has remained in an eye for a long period of time and caused no trouble but on the other hand numbers of people have lost sight in the uninjured eye from sympathetic inflammation, by not having the eye containing the foreign body removed at the time of injury. If there is doubt as to whether the eye contains a foreign body, and the other symptoms warrant it, the eye may be treated expectantly provided the uninjured eye is watched closely for any symptoms of sympathetic irritation, and this watch will have to be continued for the remainder of the patient's life as sympathetic inflammation has no certain time for appearing but may be delayed a month or many years. Should the uninjured eye manifest symptoms of sympathetic irritation, the wounded eye must be enucleated at once. This is imperative, because if operation is delayed too long useful vision is lost in both eyes.

As to the size of the wound, every one knows that with a large wound with escape of the contents and collapse of the walls of the eyeball nothing can be done but to enucleate the remainder of the eye. In a simple cut of the sclera or cornea, and with no other injury, the wound is usually closed in twenty-four hours. Between the two extremes we will find

all conceivable sizes and shapes in a wound, and the prognosis and treatment will depend on other factors more than on the size of the wound.

The site of the injury is of considerable importance, a wound of the so-called "danger zone" being more likely to be followed by symptoms of sympathetic inflammation than a wound in any other part of the eye. Some advise immediate enucleation in all wounds of this region but this is not justifiable without a consideration of the other symptoms. This danger zone may be roughly represented by a circular strip of sclera surrounding the cornea and extending one-fourth of an inch backward from the sclero-corneal margin. The ciliary body lies just beneath the sclera in this zone, and injuries of the ciliary body are very often followed by long-continued plastic inflammation that in some unexplained manner starts a sympathetic inflammation of a similar nature in the uninjured eye.

In regard to the condition of the contents of the eyeball we should note escape of aqueous, dislocation or escape of the lens, escape of vitreous, injury of iris, hemorrhage into the eyeball, etc. Protrusion of the iris or vitreous is not of itself serious but makes matters more complicated.

The five cases I report will bring out many of the points mentioned above. Of the five, three were treated while serving as interne in the Memphis City Hospital and two were seen while assistant to Dr. E. C. Ellett, of Memphis, through whose kindness I am able to report them.

I. A. D. (col.) aged 22, while chopping wood was struck in the left eye by a flying chip. Five hours after the accident the eye was examined and showed the following injury: a straight wound across the center of the cornea extending nearly to the sclero-corneal margin above and below. A small bead of vitreous and some lens matter protruded through the wound and a small tear was visible in the upper part of the iris. Under cocaine the vitreous and lens matter were cut off and the edges of the wound placed in apposition. The eye was then dressed and the patient put to bed. Considerable reaction developed but under treatment with cold applications and atropine this rapidly subsided. The lens soon became opaque. The patient about this time became

restive and shortly after left the Hospital, so that we lost sight of him.

II. B. B. (col.) was injured in the right eye by the explosion of a small can containing gunpowder. The wound was made by some fragment of the can and formed a v-shaped cut with the apex in the center of the cornea. The eyeball was cut open to the optic nerve and the wound in the cheek went to the malar bone. When first seen the contents of the eyeball had escaped through the wound and the globe was collapsed. The eye was enucleated.

III. J. T. was wounded in the right eye by a blow from another man's elbow. The wound extended across the lower, outer part of the cornea, and a short way into the sclera. The aqueous had escaped and a small part of the iris was protruding through the corneal wound. This latter was cut off under cocaine. Marked reaction set in and lasted two or three weeks, finally subsiding very slowly. The eye was treated with cold applications for the first few hours and washed with boric acid solution often enough to keep it clean. Atropine was used from the time the wound in the cornea closed until the eye was well. Vision was lost but a very good-looking eye was saved.

IV. H. C. was injured in the right eye by a bursting pistol cartridge. A fragment of the shell entered the eye near the centre of the cornea and passing through the iris lodged in the posterior part of the eyeball. Vision was immediately lost. One month later the other eye became irritated and congested and the injured eye was enucleated after several attempts to remove the foreign body had failed. The inflammation in the remaining eye subsided immediately.

V. A. B., aged 10, was shot in the eye by an air gun. The ball struck the centre of the cornea but did not penetrate it. The anterior chamber was filled with blood from rupture of small blood-vessels in the iris. The blood was rapidly absorbed and under atropine the eye recovered entirely in a few days.

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#### \* RENAL CALCULUS.

Dr. J. A. Bodine showed a renal calculus which he had removed from the pelvis of the kidney of a patient 55 years

\* Reprinted from the proceedings of the Clinical Society of the New York Poly-clinic Medical School and Hospital.

old. For the past nine years, the man had suffered from a dull, aching pain in the right loin. During the first two years this pain was characterized occasionally by acute exacerbations, which were so severe as to necessitate rest in bed and opiates for relief. During the past five or six years, however, these exacerbations lessened in severity and duration. He found that by lying down and raising his feet above the level of his head, the pain would disappear. His urine at no time showed kidney detritus or abnormality of any kind. A radiograph was taken, and showed accurately the presence of the stone. Its removal was very easy, and if, the speaker said, in all kidney work the placing of the patient in a prone position over an air cushion were taken advantage of, surgery of the kidney would be greatly facilitated. In this case when the kidney was withdrawn through the wound, the stone was felt lying in the pelvis. An incision was made through the parenchyma of the kidney along its convex surface, sufficiently large to permit the introduction of a finger into the pelvis over the stone. Incision into the pelvis of the kidney offers greater liability of persistent urinary fistula, and unless such incision can immediately be sewn up, it is better to make the incision through the renal substance. This case demonstrated the fact that the primary renal calculus may remain for years in the pelvis of the kidney without exciting inflammatory changes in the renal tissue or causing abnormalities in the urine. The change in the acuteness of the exacerbations of pain was another proof that in primary stone in the pelvis of the kidney the danger and pain are in inverse ratio to the size of the stone.

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## ABSTRACTS AND EXTRACTS.

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### **Adrenalin Chloride.**

At the meeting of the New York Academy of Medicine, section on medicine, April 15, 1902, Dr. C. A. Herter discussed *Adrenalin Glycosuria in its Relation to Human Diabetes*, and arrived at the following conclusions:

He thought he was justified in making the assertion that interference with the oxidizing function of the pancreas was the explanation of all forms of glycosuria that he had

been considering. From the foregoing facts it was reasonable to believe that in studying the production of glycosuria, one must take into account the existence of reducing substances in the blood in proportion to the oxidative capacity of the pancreas. It was probable also that the structural change observed by Opie in the islands of Langerhans were secondary. In conclusion, the speaker expressed the hope that this special method of investigation that he had employed in this research, *i. e.* local applications to particular groups of cells, might be used with profit in studying the activities of other organs, as for example, the kidneys.

In discussing Dr. Herter's paper Dr. S. J. Meltzer called attention to certain discrepancies in the results obtained by Dr. Herter and the three other observers who had investigated this subject. The three others had made use of an aqueous solution of the suprarenal, while Dr. Herter had used exclusively adrenalin chloride. He thought it was possible that there was in the suprarenal two different substances, one substance which was injured or decomposed on exposure to heat, and another, which is found in adrenalin, and which is capable of exciting glycosuria. The speaker then commented upon the fact that glycosuria would not occur in the experimental removal of the pancreas so long as a small portion of this organ was allowed to remain, while according to Dr. Herter's experiments, glycosuria was produced even when a very small portion only of the pancreas was painted with adrenalin. The contrast was so sharp in these two sets of experiments that he was inclined think that the glycosuria produced in those two cases was not the same. It was also possible that the glycosuria was a result of reflex action from the application of the adrenalin to the pancreas.

Dr. Graham Lusk said that, after sifting carefully all of the evidence at our disposal, one arrived, by a process of exclusion, at the conclusion that the pancreas alone is concerned in the development of glycosuria.

Dr. Herter in closing the discussion said, with regard to the diastatic ferments that Dr. Crofton had found in the suprarenal gland, he did not look upon this as of much importance, because there were few parenchymatous organs that did not contain a diastatic ferment in some amount. However, Dr. Crofton stated that the strength of this ferment was greater than in other glands, with perhaps the exception of the pancreas. Dr. Herter said that he had no reason to doubt the correctness of the observations made by Dr. Crofton, but he did not consider the diastatic ferment necessary to the explanation of the glycosuria. It was possible to boil the adrenalin solution for five minutes and inject it peritoneally and obtain about the same effect as was observed when it was used without having been boiled. It was well known

that very few ferments would stand such a degree of heat, and certainly all of the known diastatic ferments were destroyed by that temperature. Dr. Crofton had recently made a statement that he had been able to produce glycosuria after having boiled his own suprarenal extract. It could not be denied that there were discrepancies in the results of the different observers, but it should be noted that he had worked with much smaller quantities than had the other three investigators.

Ferdinands, *British Medical Journal*, March 22, 1902, says that when instilled into the healthy eye, adrenalin chloride solution (1 in 1000) causes first a slight smarting, and, within a few moments, a blanching of the conjunctiva, which is best marked at the caruncle. This blanching reaches its maximum within five minutes. The action very generally wears off, and the eye resumes its usual color in about the same time or a little longer. The solution is non-irritating and does not cause any dilation of the pupil, neither does it render the conjunctiva or cornea insensitive to any extent. The solution has also no effect on accommodation. Under its influence the eye feels slightly dry. Applied to the inflamed conjunctival sac it gives relief in a few moments, evidently by checking the congestion; indeed, in some cases, the relief is not unlike that given by a weak solution of cocaine. The hyperaemia of acute inflammation does not appear to yield as readily as chronic inflammation. The solution is rapidly absorbed into the anterior chamber, and its action is seen on the congested iris. This fact renders the drug particularly valuable in iritis. It relieves photophobia, and by its control over congestion assists atropine in dilating the pupil. The solution seems to hasten absorption of serous exudation, and reduces tension, especially when above normal.

S. J. and C. Meltzner in *American Medicine*, February 7th., consider the "Relation Of The Innervation Of An Organ To The Influence Of Suprarenal Extract Upon It." Prolonged contact of the blood with the extract does not deprive it of its effects upon the blood-pressure—hence failure to effect such influence by subcutaneous injection is not due to oxidation of the extract.

In a series of experiments with intravenous injections of adrenalin in rabbits in which the bloodvessels of one ear were deprived of the vasomotors, the blanching of the ear of the operated side lasted a good deal longer than on the normal side. Furthermore, after a few minutes of blanching, the ear on the normal side became perceptibly more congested than before the injection of the adrenalin.

For an explanation of these phenomena we have formed a working hypothesis which we shall not discuss here extensively, but of which we shall mention that it contained the assumption that small doses of the extract favor vasodilation when the central nervous influence is intact; when the bloodvessels are deprived of central nervous control, however, they affect chiefly constriction.

In all cases in which either the sympathetic was resected, the ganglion removed, the third cervical cut, or when all vasomotors together were eliminated, the subcutaneous injection of a sufficient dose of adrenalin causes invariably a distinct constriction of the bloodvessels of the ear. The constriction sets in a few minutes after injection, progresses slowly, and lasts for many hours, sometimes not returning to normal till the following day. The degree of the constriction rarely reaches that which is observed for a few minutes after intravenous injection. When the operation is performed only on one side, the normal ear does not take part in the constriction unless the injected dose is very large and the animal very young.

As a rule we see, on the contrary, a more or less distinct widening of the bloodvessels of the normal ear; they remain either constantly dilated for some time or the rhythmic changes occur more frequently, the dilation being the predominant feature. The dose which favors dilation in the normal ear has to be smaller than that which causes constriction in the operated side.

Lewandowsky, Borouttsau, and Langley have reported that intravenous injection of the suprarenal capsule causes dilation of the pupil which lasts less than a minute. We have observed that when the sympathetic is cut a subcutaneous injection of adrenalin causes a dilation of the pupil on the operated side which can last an hour and longer. It is a remarkable fact that such an effect does not take place if an injection is tried on the day of the operation.

Of great interest and possibly of great practical importance is our experience with instillation into the conjunctival sac.

Suprarenal extract, which in the normal animal causes by subcutaneous injection no effect upon the pupil and nearly no constricting effect upon the bloodvessels, causes a distinct and lasting effect when the sympathetic nerve is cut. In other words, a substance which exerts no effect upon a normal organ can exert a considerable effect of long duration if this organ be deprived in some way of a nervous control.

That the easy method of instillation of adrenalin into the conjunctival sac might be of diagnostic value regarding the efficiency of the sympathetic innervation, is quite obvious.

The *Therapeutic Gazette* of March 15th, has the following abstract from the *Cleveland Medical Journal* of Dec. 1902.

"Miles and Muhlberg contribute the results of a research upon this very valuable medicament. Keeping in mind that deductions drawn from animal experimentation are valuable only in so far as they are very suggestive when applied to human beings, they draw the following conclusions from their experiments:

1. Adrenalin may be of value in cases of so-called heart failure occurring during anesthesia, etc., especially when the ordinary heart stimulants, such as strychnine, digitalin, and normal saline solution, fail.
2. That it is more likely to succeed in those cases in which the respiratory centres are not paralyzed, since adrenalin does not appear to be a very powerful respiratory stimulant.
3. That when used, it should be given subcutaneously, and the site of the injection should be slowly but strongly massaged until the adrenalin shows its characteristic effect on the pulse.
4. That dilution with normal saline solution (10 percent. of the 1:1000), by making absorption slower, causes a more prolonged and a less energetic rise of the blood-pressure.
5. That while these experiments do not permit them to draw any conclusions in regard to bad after effects, these were not observed in the animals experimented upon. The danger from secondary hemorrhage as a result of the high pressure must, however, be borne in mind.
6. Adrenalin subcutaneously is indicated on theoretical grounds for the vaso-motor collapse following cocaine or chloroform poisoning, and possibly the shock after operation.

Wilson, writing in the *Journal of Laryngology*, Nov. 1901, of the uses of adrenalin, says that a solution of 1:1000 to 1:5000 may be used for the eye and a 1:1000 for the throat. If applied to the interior of the nose, it blanches the membrane almost immediately, and in the examination of the naso-pharynx it is of great assistance, because of the shrinkage of the tissues thus produced. In profuse bleeding it is of little use, because it is so rapidly washed away. In acute coryza it will relieve the swelling of the turbinates almost immediately and stop the profuse watery discharge, and for temporary relief in hay-fever it has no equal. In acute pharyngitis and tonsillitis the relief is immediate, and is more lasting if combined with cocaine. In grip or other acute inflammations of the mucosa it is valuable in relieving the swollen mucosa and thus draining the cavities.

Chassaignac, *New York Medical Journal*, Feby. 15th. 1902, believes "that suprarenal-gland extract serves a useful purpose under certain circumstances by assisting in locating the source of blood in haematuria. For instance, in a case of doubt as to whether the blood originates from the kidneys or from the bladder, the thorough application of a solution of the active principle to the mucous membrane of the bladder, by causing at least a temporary cessation of the bleeding, would make the distinction clear at once. An immediate cessation of the haematuria would mean that the seat of the bleeding had been reached by the solution. Naturally a continuance of the haematuria would be only negative evidence, and not conclusive, that the blood comes from the kidneys, as it is quite possible that the suprarenal extract would not always and in all kinds of cases at once stop bleeding from the bladder; so this would not be a rule working both ways. In other words, an immediate clearing up of the urine after the application of suprarenal gland principle would be positive evidence of a bladder lesion, while the absence of any effect whatsoever would be only of relative or corroborative value in fixing the location upon the kidney. In cases in which doubt could occur as to whether the bleeding came from the urethra or from beyond, the gland principle would also be useful, but this is of far less importance, as a differentiation is usually easily made."

He also believes that it will prove of value in facilitating cystoscopic examinations and has used it to reduce the engorgement in cases of urethral stricture, thereby relieving the irritation and facilitating the passage of instruments. He thinks it should prove of value in those cases of persistent mucous discharges, following urethritis, due to chronic engorgement of the blood-vessels of the urethral mucous membrane.

He sums up as follows: "The active principle of the suprarenal gland may be of service in the presence of engorgement or congestion of any part of the urinary mucous membrane within reach, whether there is bleeding or not; in some cases it may act only as a temporary expedient, in others it may be permanent and curative."

## THERAPEUTICS.

Gans uses adrenalin chloride in urethral work "in cases of mucous or mucopurulent discharge; when the urine shows mucous or flat, scaly shreds or mucous shreds; when endoscopy shows granular patches or superficial scleroses; when the microscope shows pus-cells, epithelial

cells or mucous without gonococci, with or without other micro-organisms." This applies both to the anterior and posterior urethra.

Eleven cases were reported "of the most obstinate character in their resistance to other drugs, this being the most satisfactory way of reaching a conclusion." The field of usefulness for this drug in urethral work is limited to the same indications as for mucous membranes in other localities. It is painless in the urethra and will cause a cessation of mucous secretion by causing contraction of the blood-vessels for a time. "It is exceedingly expensive, will act only on superficial lesions and will bear watching for untoward action."—*Philadelphia Medical Journal*.

Ivanhoff concludes that: 1. Suprarenal extract is an exceedingly energetic vasoconstrictor, and may, therefore, be successfully employed as an haemostatic in case of hemorrhage in internal organs (lungs, stomach, intestines, kidneys and uterus) as well as in external mucous membranes; also to prevent hemorrhage during operation on mucous membranes. 2. Suprarenal extract is useful in acute, and will probably prove useful also in chronic inflammations of mucous membranes. 3. The employment of the extract is not accompanied by any harmful or unpleasant effects.—*Philadelphia Medical Journal*.

**SUPRARENAL GLYCOSURIA.**—Barba, *Riforma Medica*, relates his experience with three patients treated by injections of suprarenal extract. The effect was an aggravation of the general condition in a case of Addison's disease. One of the other patients was in an early stage of tabes and the other had chronic bulbar paralysis. The general health was improved in these cases and diuresis increased. No glycosuria was induced in any instance, nor in tests on healthy subjects.—*Journ. Amer. Med. Assn.*

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## SOCIETY PROCEEDINGS.

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### MISSISSIPPI STATE MEDICAL ASSOCIATION.

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**Thirty-Sixth Annual Session.**

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**Vicksburg, April 15-16-17.**

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**APRIL 15. MORNING SESSION, 11 A. M.**

Meeting called to order in the Walnut Street Theatre by President H. L. Sutherland of Rosedale.

The invocation was offered by Rev. H. F. Sproles of the First Baptist Church.

The address of welcome was made by Hon. J. W. Collier of Vicksburg, Circuit Clerk of Warren County, and was responded to by Dr. H. M. Folkes of Biloxi.

Dr. H. H. Haralson of Vicksburg presented the report of the arrangement committee.

On motion, a committee of ten was appointed to consider the subject of reorganization and was instructed to confer with Dr. McCormick of Bowling Green, Ky., who was present in the interests of the American Medical Association.

Recess was now taken until 2:30 p. m.

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#### AFTERNOON SESSION, 2:30 P. M.

The Section of Hygiene was taken up, as being first on the program, and after a brief address by the chairman, Dr. O. L. Bailey, a paper entitled "Some Thoughts Relating to Health Protection" was read by Dr. Charles D. Mitchell of Pontotoc.

Under Section on General Medicine, Dr. K. P. Perkins of Batesville read a paper on "The Heart as Index to Prognosis."

The remainder of this session was devoted to general business.

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#### EVENING SESSION, 8 P. M.

The President's Address began the work of the evening after which, by special motion, the meeting was devoted to the subject of reorganization.

Dr. McCormick, representing the American Medical Association, delivered an address describing the advantages to be derived from the new system. The special committee reported, recommending the Constitution as prepared by the American Medical Association. This report was discussed at length by the Association and finally laid on the table and made the special order of business for the session on the following morning.

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#### APRIL 16. MORNING SESSION, 8:30 A.M.

The subject of reorganization was taken up and the report of the committee received and adopted. A committee of three was appointed to divide the state into districts.

Regular business was then resumed and the following papers were presented :

"Etiology and Diagnosis of Typhoid Fever", May F. Jones, Columbus.

"Materies Medica Biologica", W. D. Hubbard, West Point,

"Some Effects of Eye Strain", J. W. Price, Memphis, Tenn. Read by title.

"X-Ray—Its Diagnostic and Therapeutic Value", M. O. Shivers, Greenville.

"Cocaine Surgery of To-day", L. D. Dickerson, McComb City.

"Cholecystectomy", F. D. Smythe, Memphis, Tenn.

Recess was now taken until 2:30 P.M.

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#### AFTERNOON SESSION, 2:30 P.M.

The committee on division of the state into districts reported, advising division by counties as follows:

First District:—Tunica, Coahoma, Quitman, Tallahatchie, Leflore, Sunflower, Bolivar and Washington.

Second District:—DeSoto, Tate, Panola, Yalabusha, Grenada, Lafayette, Marshall and Calhoun.

Third District:—Benton, Tippah, Alcorn, Tishomingo, Prentiss, Union, Pontotoc, Lee and Itawamba.

Fourth District:—Chickasaw, Monroe, Webster, Clay, Lowndes, Oktibbeha and Choctaw.

Fifth District:—Carroll, Montgomery, Attala, Madison, Holmes and Yazoo.

Sixth District:—Issaquena, Sharkey, Warren, Claiborne, Hinds and Rankin.

Seventh District:—Noxubee, Winston, Leake, Neshoba, Kemper, Lauderdale, Newton and Scott.

Eighth District:—Lawrence, Simpson, Covington, Smith, Jones, Jasper, Wayne and Clark.

Ninth District:—Pike, Amite, Wilkinson, Adams, Jefferson, Franklin, Lincoln and Copiah.

Tenth District:—Green, Perry, Marion, Pearl River, Hancock, Harrison and Jackson.

This division was adopted, and the President appointed the following councillors of districts:

- First :—E. H. Martin, Clarksdale.
- Second :—K. P. Perkins, Batesville.
- Third :—C. D. Mitchell, Pontotoc.
- Fourth :—W. M. Paine, Aberdeen.
- Fifth :—J. A. Crisler, Yazoo City.
- Sixth :—W. G. Kiger, Brunswick.
- Seventh :—J. R. Tackett, Meridian.
- Eighth :—D. J. Williams, Ellisville.
- Ninth :—O. B. Quin, McComb City.
- Tenth :—H. M. Folkes, Biloxi.

Returning to the regular order of business, the following papers were read before the association :

“ Bloodless Surgery of Malignant Growths”, H. M. Folkes, Biloxi.

“ A Plea for Simplicity in Treatment of Urethral Stricture”, E. H. Martin, Clarksdale.

“ Typhoid Perforation with Operation”, B. Malone, Memphis, Tenn.

“ Appendicitis—Some Remarks on its Diagnosis and Treatment Drawn From Clinical Cases”, W. W. Crawford, Hattiesburg.

The association now passed to the election of officers, which resulted as follows :

President : C. D. Mitchell, Pontotoc.

Vice-Presidents : Joseph Waldauer, Vicksburg ; May F. Jones, Columbus ; B. L. Culley, Jackson.

Secretary : J. J. Haralson, Forest.

Treasurer : J. F. Hunter, Jackson.

Five members of the Board of Health were elected as follows : W. M. Paine, J. R. Tackett, J. A. Crisler, J. F. Hunter, P. W. Rowland.

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No evening session was held, there being a banquet tendered the association by the physicians and other citizens of the city. Mr. B. W. Griffith, President of the First National Bank, acted as toast master, introducing Hon. Murray F. Smith, Dr. Henry Christmas of Tchula, Col. R. V. Booth, Dr. J. D. Smythe of Greenville, District Attorney J. D. Thames, Mr. Armistead of the local bar, Dr. Hunnicutt of Poplarville, and other brilliant speakers.

APRIL 17. MORNING SESSION, 8:30 A.M.

The association first received and accepted the reports of the secretary, assistant secretary and treasurer. Dr. Trotter, who has severed his active connection by removal to Arkansas, received a rising vote of thanks for his past services.

Dr. J. C. Hall of Anguilla was elected delegate to the American Medical Association, Dr. W. M. Paine of Aberdeen being the alternate.

Regular business was now resumed and the following papers read :

“ Some Salient Points in Abnominal Surgery ”, E. M. Holder, Memphis, Tenn.

“ The Use of the Curette ”, G. L. Harbour, Vossburg. Read by title.

“ Some Suggestions in Gynaecology ”, J. H. Rhodes, Jackson. Read by title.

“ Principles and Practice of Obstetrics ”, B. L. Culley, Jackson. Read by title.

“ Treatment of the Many Ills of Pregnant Women ”, J. W. Dulaney, Greenwood.

“ Bacteriology and Clinical Medicine ”, J. B. McElroy, Stovall.

“ Diagnosis of Typhoid Fever ”, W. A. Evans, Chicago, Ill. Read by title.

“ Value of Bacteriology in Sanitation ”, Wm. Krauss, Memphis, Tenn. Read by title.

“ Cholera Infantum ”, H. Christmas, Tchula.

The new president was then inducted into office and in a few well chosen words thanked the association for the honor conferred upon him, paying a graceful compliment to his predecessors in office and expressing his intention to endeavor to follow the good examples set by them. He also asked the association to grant him further time before appointing the various committees and chairmen of sections, which, on motion, was allowed.

On motion of Dr. Sutherland a vote of thanks was extended the physicians and citizens of Vicksburg for their hospitality.

The association then adjourned until next year.

Attendance was about one hundred and twenty-five.

The following new members were admitted during the session :

|                               |                               |
|-------------------------------|-------------------------------|
| J. H. Bailey, Oakland.        | T. K. McGee, Hamburg.         |
| A. K. Barrier, Phoenix.       | B. B. Martin, Vicksburg.      |
| C. N. D. Campbell, Greenwood. | J. D. Miller, Brunswick.      |
| L. W. Crigler, Columbus.      | V. S. McLellan, Canton.       |
| E. W. Flowers, McComb City.   | Wm Neville, McComb City.      |
| E. H. Galloway, Jackson.      | M. Pollard, Eden.             |
| H. F. Garrison, Seminary.     | T. M. Price, Jackson.         |
| S. B. Hannon, Lumberton.      | Z. J. Scott, Winona.          |
| J. P. Hitt, Clayton.          | M. O. Shivers, Greenville.    |
| E. F. Howard, Vicksburg.      | R. E. Silversteen, Tylertown. |
| S. W. Johnston, Clinton.      | E. C. Smythe, Greenville.     |
| W. T. Lawhorn, Prairie.       | J. D. Weeks, Ackerman.        |
| W. H. H. Lewis, Fayette.      | G. H. Woods, Batesville.      |

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#### THE GULF COAST MEDICAL SOCIETY.

##### Stated Meeting April 1st. 1903.

This meeting was held in Biloxi, President Duke in the chair and the following members present: Drs. Bolton, Talbot, Bragg, Cox, and Folkes.

The minutes of last meeting were read and approved.

Dr. Folkes introduced a resolution to the effect that the Society reorganize upon lines laid down and recommended by the American Medical Association.

After full discussion, which was participated in by all the members present, the Constitution and By-Laws as suggested by the Committee of the American Medical Association were unanimously adopted by the Society, with the addition of having a Vice-President from the counties of Hancock, Harrison and Jackson, so as to conform with the plan of having county societies. The adopting of these changes being so important, reading of papers was postponed until next meeting.

Dr. Folkes was elected as a delegate to the meeting of the State Medical Association in Vicksburg April 15th.

Meeting adjourned to meet in Pass Christian on the second Wednesday of May.

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#### WARREN COUNTY MEDICAL SOCIETY.

##### Called Meeting, April 21st.

The Vicksburg Medical Association met to consider the subject of reorganization and by a unanimous vote accepted and adopted the constitution and by-laws provided for county societies and reorganized as the Warren County Medical Society. The officers of the old society were elected to similar positions in the new—Dr. R. A. Quin, President; Dr. H. B. Wilson, Vice-President; Dr. E. F. Howard, Secretary; Dr. S. Myers, Treasurer. Drs. Martin, Haralson and Wilson were elected to the Board of Censors.

# **EDITORIAL.**

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**E. F. HOWARD B.S., M.D.**  
Editor

## **COLLABORATORS**

**H. L. SUTHERLAND M.D.,**  
Rosedale.

**R. A. QUIN M.D.,**  
Vicksburg.

**W. M. PAYNE M.D.,**  
Aberdeen.

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Official Organ of the Clarksdale and Six Counties Medical Society.

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Address All Communications "MISSISSIPPI MEDICAL RECORD", Vicksburg, Miss.

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**SUBSCRIPTION: ONE DOLLAR PER ANNUM.**

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The State Association has taken the radical step so long and earnestly considered in the adoption of the new constitution. It is now an affiliated organization and works under the laws and supervision of the American Medical Association. In the main, so far as the actual meetings of the association are concerned, the changes will not be greatly manifest except that the purely business transactions will no longer be brought before the main body but will be considered by the house of delegates, thereby facilitating despatch and giving more time for scientific work. But the main features lie beneath the surface and go, or are intended to go, widely throughout the profession. The new movement is essentially one of organization and its object is to draw together the medical men of the State and to weld them into one compact body. As the American Medical Association is to the State Associations so is the State Association to its County Societies. It encourages them, fosters them, sustains them, and in return will draw from them that pabulum of financial, mental and moral nature without which it itself cannot exist. The work, therefore, is not of the "once a year" order but, to get the full benefit of the method, must be carried into our county societies—must be lived out in our daily lives.

To the casual eye it seems at first glance decidedly visionary. The work of organizing the entire body of medical men, when our present state association does not contain a

quarter of their number, seems a herculean task indeed. The benefits to us as individuals from the workings of this vast machine are admittedly great, but so great as to appear in the nature of some fair "pipe dream". But it has been done elsewhere, why not with us? We refer the doubting Thomases who can see no possibility of success to the last Transactions of the Alabama State Medical Association and beg to remind them that "what man has done man may do."

A notable feature of the meeting of the state association was the active and able part taken in the discussions by the younger members. It is to these men that the profession of the future has to look, our advances in the various branches of medicine must in the future come from them and they are the men into whose hands the reins of the association must fall when relinquished by those who so ably hold them to-day. It is therefore a great satisfaction to note that they are capable to undertake the labors and responsibilities that lie before them. Modest and unassuming, receiving the opinions of older and more experienced men with the consideration and courtesy that was their due, they never failed to strike to the vital points of the matter under discussion and to handle them with a readiness that showed familiarity with the subject and a clearness that manifested able thought and attention to detail.

An unfortunate feature of the occasion, and one that was a damper on all the members of the association, was the accident to Dr. L. F. Fox of Water Valley. While driving out with his brother to see something of the city, the buggy in which he was seated collapsed and the doctor sustained a fracture of the left leg just above the ankle. We are glad to be able to inform his many friends that the case is progressing favorably and that no disabling results are to be expected.

We note with pleasure that the Gulf Coast Medical Society, the proceedings of whose last meeting we publish in another part of this issue, has fallen in with the general plan of organization and is now a part of the structure whose ridge-pole, so to speak, is the American Medical Association. This

includes the counties of Hancock, Harrison and Jackson, a very material part of our professional element. Properly worked, these county societies cannot but be of great benefit to their members and to the profession generally and we hope to see the time when the physicians of every county in the state will be similarly provided.

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## BOOK REVIEWS.

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**The International Medical Annual:** A Year Book of Treatment And Practitioner's Index. 1903. Twenty-first Year. E. B. Treat & Co., 241-243 West 23rd. St., New York. Price \$3.00.

Besides the customary review of therapeutics, medicine and surgery, this year-book branches out on other and special lines and gives a clear and comprehensive view of modern advance in various subjects that are attracting attention to-day. The x-rays in medicine and surgery, electro-therapeutics and the sanatorium treatment of phthisis are matters that are attracting almost universal attention, and concerning which the busy general practitioner wants the exact and condensed information here given. The chapter on sanitary science by Dr. Priestly, of London, will give many valuable points on matters little practiced and, we fear, frequently little understood in this section of the country. An excellent index adds much to the practical value of the book.

It is with pleasure that we note the association of such men as Drs. Hare, Loomis, Chapin and Boardman Reed, together with others almost equally well known, in the production of this volume. These names are sufficient introduction, and are a stamp and guarantee of genuineness that ensure its value.

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**The Practical Medicine Series of Year Books,** comprising ten volumes on the year's progress in medicine and surgery under the general editorial charge of G. P. Head M.D. Vol. IV, Gynecology, edited by E. C. Dudley A.M., M.D., Professor of Gynecology, Northwestern University Medical School, and Wm. Healy A.B., M.D., Instructor in Gynecology, Northwestern University Medical School. The Year Book Publishers, 40 Dearborn St., Chicago. Price of Series \$7.50, Price Vol. IV \$1.25.

Year books are of greater value to the general practitioner than any one class of publication except journals, and for reference exceeds even them. They complete and supplement the library and bring it up to date in every particu-

lar by selections from current literature chosen by men whose special training preeminently fits them for such work.

The division of the year book into volumes with each treating of a special subject is a distinct advance, especially in a large library, and this present volume fully bears up the reputation established by its predecessors in this series. Of special interest is the part devoted to Etiologic Factors, the Gynecologic Examination, Disinfection, etc., points too frequently lost sight of by the busy practitioner. The chapter on Infections of the Bladder, their differential diagnosis and treatment, Cystoscopy—its Teecnic, Cystoscopic Appearances, etc., will be found of value.

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### MORTUARY REPORT OF VICKSBURG.

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(Computed from the monthly report of the City Physician)

FOR MARCH 1903.

| CAUSE                                    | WHITE |        | COLORED |        | TOTAL |
|--|-------|--------|---------|--------|-------|
|  | Male  | Female | Male    | Female |       |
| Arterio Sclerosis.....                   | 1     |        |         |        | 1     |
| Cerebral Hemorrhage.....                 |       | 1      | 1       |        | 1     |
| Carcinoma.....                           |       |        |         |        | 1     |
| Inanition .....                          |       |        | 1       |        | 1     |
| Heart Disease, Mitral Insufficiency..... | 1     |        |         |        | 1     |
| Malarial Fever.....                      |       |        | 1       |        | 1     |
| Pneumonia.....                           | 2     |        | 1       |        | 3     |
| Phthisis Pulmonalis.....                 |       | 1      | 2       | 3      | 6     |
| Pulmonary Oedema.....                    |       |        |         | 1      | 1     |
| Paralysis.....                           |       | 1      |         |        | 1     |
| Premature Birth.....                     | 1     |        |         |        | 1     |
| Senility .....                           |       |        | 1       |        | 1     |
| Cause not given.....                     | 2     | 2      | 2       | 1      | 7     |
|  | 7     | 5      | 9       | 5      | 26    |

Population of the city (estimated)—White, 10,000 ; Colored, 10,000 ; Total, 20,000.

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**MEDICAL NEWS AND MISCELLANY.**

The New Orleans meeting of the American Medical Association will take place May 5th. to 8th. The Southern Railway has announced a reduced rate of one fare for the round trip from Washington, or from any point on their system, to New Orleans and return. Tickets will be on sale May 1st. to 4th., and will be good for continuous passage in each direction with a final limit of ten days from the date of sale. Tickets can be extended for a longer period, however, provided they are deposited in person by the original purchaser with the special agent at New Orleans not later than May 12th. 1903, and a fee of fifty cents is paid at the time of deposit, when the final limit will be extended to a date not later than May 30th.

The twelfth annual meeting of the American Medical Temperance Association will be held at New Orleans May 7th., during the session of the American Medical Association. "The object of the Association is to encourage and promote the clinical, therapeutical, pharmacological and chemical study of alcohol in health and disease. It also aims to gather, compile and make available the studies and experiences of medical men in all parts of the country concerning the use of alcohol and to formulate such definite facts as can be utilized and made available in the practice of medicine." Dr. T. D. Crothers, Hartford, Conn., is the Secretary.

At the last (Forty-third) meeting of the American Medical Association, held at Saratoga Springs, June 10-13th. 1902, a joint resolution from the Sections of Cutaneous Medicine and Surgery and Hygiene and Sanitary Science was introduced in the House of Delegates as follows:

WHEREAS there is a burning necessity to check the spread of venereal diseases, and, assuming that the States cannot with impunity ignore the condition, it lies in the province of the medical profession to discuss and recommend to the respective Legislatures and Municipalities means not regulamentative, but social, economic, educative and sanitary in their character, to diminish the danger of venereal diseases.

*Resolved* that the Section on Cutaneous Medicine and Surgery of the American Medical Association invite the Section on Hygiene and Sanitary Science to co-operate with the Section on Cutaneous Medicine and Surgery in bringing about a propaganda in the different States, looking toward a proper recognition of the dangers from venereal diseases, and to arrange for a national meeting under the auspices of the American Medical Association for the prophy-

laxis of venereal diseases, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year at Brussels, under the authority of the Belgian Government."

This was later submitted to the House of Delegates, which endorsed the action of the Sections and adopted the following:

*"Resolved,* That a joint committee of six from the Sections of Hygiene and Sanitary Science and Cutaneous Medicine and Surgery be appointed by the President to stimulate study in and uniform knowledge of the subject of the prophylaxis of venereal diseases and to present to the American Medical Association a plan for a national meeting, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year in Brussels, under the auspices of the Government of Belgium."

The Committee on Prophylaxis of Venereal Diseases consists of:

Dr. Henry D. Holton, Chairman, Brattleboro, Vt.

Dr. Ludwig Weiss, Secretary, 77 East 91st Street, New York.

Dr. George M. Kober, 1600 "T" Street, Washington, D. C.

Dr. W. H. Sanders, Montgomery, Ala.

Dr. L. Duncan Bulkley, 531 Madison Avenue, New York City.

Dr. Frank H. Montgomery, 100 State Street, Chicago.

The peculiar social, racial and political conditions of our country are so different from those on the Continent that they necessitate an expression of solely American ideas on this mooted question, both from a socio-economic and sanitary point of view.

The Committee desires the support of the medical profession and the aid and powerful collaboration of the Medical Press of the country to help them in this work. It takes the liberty of soliciting expressions and views editorially and otherwise, and would be glad of personal correspondence from those supporting the movement and who will contribute by papers, etc., to make it a success in case the House of Delegates should favor the holding of such a Congress.

American Urological Association meets first Wednesday of each month except July, August and September.

Annual meetings: The last day of the American Medical Association's meeting and the day following.

This year's meeting: New Orleans, May 8th. and 9th.

President: Ramon Guiteras M.D.

Secretary: Ferd. C. Valentine M.D., 31 West 61st Street, New York.

Secretary Hunter of the State Board of Health announces the appointment of the following county health officers: Adams, W. H. Aikman, Natchez; Alcorn, R. C. Liddon, Corinth; Amite, R. M. Butler, Liberty; Attala, E. C. Coleman, Kosciusko; Benton, Frank Ferrell Jr., Ashland; Bolivar, H. L. Sutherland, Rosedale; Calhoun, R. E. Creekmore, Pittsboro; Carroll, J. W. Barksdale, Vaiden; Chickasaw, D. F. Morgan, Okolona; Choctaw, J. D. Weeks, Ackerman; Covington, D. G. Mohler, Mt. Olive; Claiborne, D. W. Jones Jr., Hermanville; Clarke, R. M. Hand, Shubuta; Clay, J. B. Gresham, West Point; Coahoma, T. A. Carder, Lula; Copiah, J. M. Damper, Crystal Springs; DeSoto, T. M. Jones, Hernando; Franklin, T. M. Magee, Hamburg; Greene, Samuel Poole, Leakesville; Grenada, J. W. Young, Grenada; Hancock, J. J. Fontain, Pearlington; Harrison, C. A. Sheeley, Gulfport; Hinds, S. H. McLean, Jackson; Holmes, G. C. Phillips, Lexington; Itawamba, A. Copeland, Fulton; Issaquena, W. H. Scudder, Mayersville; Jackson, O. L. Bailey, Ocean Springs; Jasper, F. A. Dantzler, Heidelberg; Jefferson, J. C. McNair, Fayette; Jones, J. H. Cook, Laurel; Kemper, T. D. Stennis, DeKalb; Lafayette, A. A. Young, Oxford; Lauderdale, R. L. Turner, Meridian; Lawrence, T. H. Butler, Monticello; Leake, G. L. Perry, Edinburg; Lee, W. C. Spencer, Verona; Leflore, J. W. Dulaney, Greenwood; Lincoln, J. T. Butler, Brookhaven; Lowndes, J. Lipscomb, Columbus; Madison, J. R. Jiggetts, Canton; Marion, Buford Larkin, Columbia; Marshall, R. A. Seale, Holly Springs; Monroe, R. P. Wendell, Aberdeen; Montgomery, T. R. Trotter, Winona; Neshoba, S. A. Majure, Dixon; Newton, J. B. Bailey, Conchatta; Noxubee, H. A. Minor, Macon; Oktibbeha, J. W. Eckford, Starkville; Panola, P. K. Perkins, Batesville; Pearl River, W. J. Hunnicutt, Poplarville; Perry, W. W. Crawford, Hattiesburg; Pike, G. W. Robertson, Magnolia; Pontotoc, M. R. Clark, Pontotoc; Prentiss, S. N. Walker, Baldwin; Quitman, W. B. Clarke, Belen; Rankin, A. G. McLaurin, Brandon; Scott, J. J. Haralson, Forest; Sharkey, J. C. Hall, Anguilla; Simpson, L. E. Robinson, Magee; Smith, W. H. Hill, Sylverena; Sunflower, G. D. Harris, Indianola; Tallahatchie, T. B. Harrison, Charleston; Tate, S. L. Wynne, Senatobia; Tishomingo, E. T. Carmack, Iuka; Tunica, D. W. Coker, Tunica; Tippah, C. M. Murray, Ripley; Union, S. A. Gasaway, New Albany; Warren, H. B. Wilson, Vicksburg; Washington, J. D. Smythe, Greenville; Wayne, W. H. Boykin, Stateline; Wilkinson, C. E. Catchings, Woodville; Winston, O. S. Kirk, Louisville; Webster, W. H. Arnold, Eupora; Yazoo, J. A. Crisler, Yazoo City; Yalabusha, L. T. Fox, Water Valley.—*Times-Democrat.*

The next meeting of the American Congress on Tuberculosis will be held in St. Louis, July 18th. to 23rd. 1904. An Advisory Committee composed of a number of physicians especially interested in this work will assist in perfecting plans for the meeting. Dr. George Brown of Atlanta, Ga., is the Secretary.

"Tuffier (*Presse Medicale, Paris*) has adopted the modification of using the patient's own cerebrospinal fluid as the vehicle for the cocaine, but he considers it dangerous to mix them exposed to the air for fear of possible infection from germs in the air. He sterilizes according to Tyndall a sealed vial containing 4 eg. of cocaine dissolved in 7 drops of sterilized distilled water. This makes a 12 per cent. solution. He breaks the tip of the vial and aspirates its contents into the syringe, allowing no air to enter with it. He then makes the lumbar puncture with the needle detached from the rest of the syringe. As soon as the cerebrospinal fluid is flowing through the syringe he adjusts the body of the syringe to the needle, and the cerebrospinal fluid flows into it, slowly pushing up the piston as it enters, until the receptacle is full, and blends with the concentrated solution of cocaine already in it. He then injects the mixed fluid. The anesthesia does not extend so high as by his previous technic; it is of shorter duration, is slower in appearing and is less perfect, but on the other hand, the after-effects are infinitely less. He performed more than 1200 operations of all kinds on the abdomen by his old technic, but with the new radical operation for hernia is the highest intervention possible with the present method of anesthesia. For interventions above this he resorts to his former technic. He has been using the present technic for more than a year now, after thorough tests had established that the two fluids blend perfectly."—*Journ. A. M. A.*

THE HUNTER MCGUIRE STATUE MODEL is on exhibition at the Nowlan Company's store, on Main street, Richmond, Va. It represents this eminent surgeon in a familiar position, seated in a chair, as so many of his friends have seen him. It is the purpose of his friends to place the statue, when completed, near that of the great "Stonewall" Jackson, on whose staff, as surgeon of the Confederate Army Corps, he was during the memorable war of the Confederacy. In a short while the model will be transformed into bronze, so as to remain a durable statue of this great leader of men. It is a special pleasure to note the desire of the public to preserve in statue the recollections of this world-famed surgeon.—*Virginia Medical Semi-Monthly*.

# *Mississippi Medical Record.*

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## SPECIAL ARTICLE.

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### THE NEW ORLEANS MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The recent—fifty-fourth—session of the American Medical Association, held in New Orleans May 5th., 6th., 7th., and 8th., marked an epoch in the history of medicine. The past year has been one of phenomenal activity in medicine and its allied branches and this meeting, the culmination of the year's work, the review and summary of our professional progress, was of intense interest to the profession at large. That this interest was not merely local was fully shown by the attendance, not alone from this country but from "the other side"—men of high reputation and those whose spurs are yet to be won, specialists and general practitioners, the city physician and country doctor—all drinking from the common fountain and exchanging ideas on the subject common to them all, the alleviation of human suffering and the prevention and cure of disease.

Among this vast throng of more than two thousand, the names of many of whom are familiar to every physician in the country, Dr. Lorenz was preeminently the "attraction", and whether operating at the famous Charity Hospital or receiving his admirers at informal receptions at his hotel this distinguished gentleman won the attention and good-will of all by his dignified and modest bearing. His demonstrations were revelations to all who had the good fortune to observe them and there were heard but few dissenting voices from the general chorus of acclamation.

The opening meeting of the session was held in the Tulane Theatre at eleven o'clock on the morning of the fifth., Dr. Billings presiding. After prayer by the Rev. H. G. Davis of New Orleans, Mayor Capdeville in a few well-chosen

words welcomed the association to the city. He was followed by Gen. Leon Jastremski in behalf of the governor of Louisiana and by Mr. Henry P. Dart of the local bar on behalf of the citizens of New Orleans.

Dr. Isadore Dyer, chairman of the committee of arrangements, then read his report, after which Dr. Witherspoon of Nashville, first vice-president of the Association, responded to the addresses of welcome.

Dr. Billings then made the presidential address, taking for his subject "Medical Education In The United States."

The orations on Surgery, on Medicine and on State Medicine were delivered on the evenings of the 5th., 6th., and 7th., by Drs. A. F. Jonas of Omaha, J. M. Anders of Philadelphia and William H. Welch of Baltimore.

In the house of delegates the most important item was the consideration of the revised "Code", which was presented as "a suggestive and advisory document" by unanimous vote of the committee and unanimously accepted by the House.

Provisions for important additions to the membership of the Association and especially to the sections on Stomatology and Materia Medica, Pharmacy and Therapeutics were made by the following amendments to the By-Laws:—

*Article 3, Section 6. DENTAL MEMBERS.*—Dentists who hold the degree of D.D.S. from a reputable dental college and who are members of a recognized local or state dental society, may be admitted as dental members on recommendation of the officers of the Section on Stomatology and approval by a majority vote of the Section, the names of such members to be sent to the Secretary by the Secretary of the Section.

*Article 3, Section 7.*—Reputable Pharmacists may be admitted as pharmaceutic members on recommendation of the officers of the Section of Materia Medica, Pharmacy and Therapeutics, subject to approval by a majority vote of the members of the Section, the names of such members to be sent to the Secretary by the Secretary of the Section.

The work in the sections was able and, on the whole, harmonious. The greatest interest probably centered on the Symposium on Yellow Fever held by the sections on Practice of Medicine and Hygiene and Sanitary Science. Dr. James Carroll, United States Army, and Dr. S. E. Chaille,

the venerable Dean of the Tulane Medical College, led the discussion. The former described the investigations made by himself and his colleagues in Cuba and concluded by saying that the mosquito alone is responsible for the transmission of yellow fever and that attention to fomites is unnecessary. Dr. Chaille reviewed the history of the disease in his usual comprehensive manner and arrived at similar conclusions.

Dr. Souchon, president of the Louisiana Board of Health, was inclined to conservatism. He expressed the stand taken by the Board as follows:

“It is impossible not to be deeply impressed by the reading of the experiments made by Reed and his associates in Havana. The simple, direct, positive, American-like manner in which these experiments were conducted cannot but fill our minds with noble pride, as scientists, as men and as Americans.

“As such I would most probably have joined also the army of followers which have been conquered by the immortal Reed, but as a responsible officer of the Louisiana State Board of Health, the duty of which board is to guard the valley of the Mississippi against the introduction of contagious diseases, I am compelled to carefully examine into every point, and submit all the statements past, present and future, to the crucial test of the Pasteur law, in accordance to which no facts should be accepted as thoroughly proven until all possible means to disprove them have failed. It is because Pasteur applied this law to his own work that not one of Pasteur’s statements has ever been refuted.

“At the outset kindly note the words ‘responsible officers’. The sense of responsibility for the awful consequences of possible errors changes the whole aspect of questions.

“The irresponsible ones are always quick to urge on. When they meet with reverses they naively say that they never would have thought that possible, and that is the end of it. But when responsible officers have to face the introduction of contagious diseases the press, the people, the authorities, all unanimously shout that they should have known better, should have been more prudent and more slow in applying new theories, and general condemnation is

forever attached to their fair names. But a few years ago all these tragic events were enacted in this very city.

“The responsible officers do not contend that it is fomites that transmit yellow fever. They modestly say that they do not know; that it may be some means of which no one thinks now until some day some one comes up against it as they did for the mosquito.

“The evolution of the mosquito theory and its demonstration has required nearly a quarter of a century, and it may take also as long a time before it is demonstrated that there is another means of transmission”.

The entertainments tendered the Association were many, varied and elaborate. Tuesday evening was devoted to the social gatherings of the sections which were as follows:

Section of Practice of Medicine—Banquet at West End Hotel. (Allied Sections—Physiology and Pathology and Materia Medica and Therapeutics.)

Section of Laryngology—Banquet at Antoine’s Restaurant.

Section of Ophthalmology—Banquet at Tulane Hall, University Place.

Section of Obstetrics and Diseases of Women—Banquet at Tulane Hall, University Place.

Section of Nervous and Mental Disorders—Banquet at Victor’s Restaurant.

Section of Surgery and Anatomy—Smoker at Young Men’s Gymnastic Club, Rampart street.

Section on Cutaneous Medicine and Surgery and Section on Sanitary Science and Hygiene—Smoker at Absinthe House, Bourbon street.

While menus were different, menu cards were all alike except as to the verses contained therein. The front page was artistic, and appealed to all. The cards were of dainty folder type, containing handsome pictures of a Louisiana cane field, Audubon Park oak drive way, and an especially picturesque view of Spanish Fort.

Wednesday evening the hospitable homes of Mesdames Cartwright Eustis and Mauriee Stern were thrown open to the visiting physicians who thronged their beautiful parlors and enjoyed a hospitality truly southern.

Thursday evening the profession of the city tendered a reception at the City Park in honor of the president of the Association. Myriads of colored lights lit up a scene beautiful as fairy land. Refreshments were elaborately provided and a picked corps of "specialists" delighted the assembled multitude. The northern visitors were especially charmed and were loud in their praises of their entertainers.

The officers elected for the coming year are as follows :

**PRESIDENT :** John H. Musser, Philadelphia.

**1st. Vice-President :** Geo. C. Savage, Nashville.

**2nd. Vice-President :** Isadore Dyer, New Orleans.

**3rd. Vice-President :** C. L. Hall, Kansas City.

**4th. Vice-President :** Geo. F. Jenkins, Iowa.

**Trustees :** William H. Welch, Baltimore; Miles F. Edwards, Fort Wayne, Ind.; M. L. Harris, Chicago.

The Secretary and Treasurer were re-elected.

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## CLINICAL REPORTS.

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### **\*CHRONIC RHEUMATISM AND NEURITIS.**

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BY DR. JAMES J. WALSH.

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There is probably no affection which has proved a source of more opprobrium to medicine than so-called chronic rheumatism. Forms of the disease are constantly occurring for which effective treatment is almost entirely lacking. The fact of the matter is, however, that the group of diseases known as chronic rheumatism is not a single entity in medicine, but represents a large number of pathological conditions, that is, a number of affections that bear practically no relation to one another and have no reason at all for being grouped under the word "rheumatism" except that they represent painful conditions usually occurring in the neighborhood of joints.

I have pointed out in a series of articles published during the last few years, that many of the cases of so-called chronic rheumatism are really other affections. There seems

\* From the proceedings of the Clinical Society of the New York Polyclinic Medical School and Hospital.

no doubt the term "chronic rheumatism" will eventually disappear practically entirely from medical literature. At the present time most of the chronic rheumatism of the foot and ankle is really due to flat-foot. Most of the rheumatic conditions involving the forearm and wrist are really occupation neuroses. So-called rheumatism of the shoulder also is often an occupation neurosis.

Case I. The patient is a man aged about sixty, who complains that he is no longer able to lift his arm straight out from the side or, rather, that he has rheumatism of the shoulder and cannot use his arm. His ailment developed gradually about six months ago. At first he noticed that his arm was much more tired than before when he used it, and that the fatigue that developed became painful after a time. On rainy days his condition was much worse than on other days, and he became tired much sooner. On rainy days, too, the painful feeling and fatigue lasted into the night, so that sometimes he lost sleep on account of it. He went to see doctors about it, and was told that he had rheumatism. His shoulder was rubbed with various liniments, and he was given medicine.

An examination showed that the main element in the case was the impossibility of raising his arm straight out from his body. In a word the deltoid muscle refused to functionate. As a result of disuse for more than three months, there was some atrophy of the muscle. When asked as to his habits as to alcohol, he said that he usually drank three or four or more glasses of beer a day, and a glass or two of whiskey. When asked as to his occupation, he said that he was a "chipper", that is, he worked in a foundry, and when the rough castings came from the mould, with a hammer and chisel he went over the rough parts where joints in the moulds occur and made them as smooth as possible. This involves the use of the hammer all day, and, as is well-known, means the use of the deltoid muscle and of the group of muscles supplied by the circumflex nerve. It is evident that his occupation has considerable to do with the location of his neuritis in this particular nerve—the circumflex. This nerve is overworked. He is taking enough alcohol at least to predispose to alcoholic neuritis, and so the condition is almost surely a neuritis.

At first the fatigue and pain that he noticed were due to the fact that the muscle was not receiving its proper trophic influences through the gradually inflaming nerve and, in addition, it was not receiving the ordinary nervous impulses to set it properly in motion. Why these conditions are worse on rainy days is one of the mysteries. It is well-known that a tooth that has not been troublesome for some weeks or months will become insistently annoying on a damp day. This is perhaps due to the hydroscopic character of the sensitive dentine, which causes it to take up moisture from the air. In some cases, however, the sensitive dentine is not exposed, and the fact that nerves will begin to be painful before the weather actually becomes very damp (the prophetic nerve pains that enable so many people to announce the approach of damp weather) shows that the nerve sensitiveness is probably due to the drop in the barometer and the consequent disturbances of the capillary circulation for the moment by the change in air pressure.

This man has been treated with the salicylates and other so-called rheumatic remedies. Are they likely to do any good? Yes, whenever the painful condition exists, for in addition to being antipyretic they are anodynes. Twenty grains of salicylic acid or salicylate of soda, as many dentists know, will as effectually dispose of a toothache as ten grains of antipyrine or a corresponding amount of phenacetin or acetanilid. To the underlying condition, however, the salicylates, instead of doing good are likely to do harm. They are depressant drugs. Discomfort is, at most, only an incident in the case. It is loss of power that is the main thing. Some atrophy of the deltoid muscle already exists, and it will not be long before atrophy of structures within the joint will commence, because it is from the circumflex nerve that the joint tissues receive their trophic impulses. After a time, then, these changes will occur in the joint structures, which are pointed to with confidence as an evidence of chronic rheumatism. In reality they are no such thing, but a manifestation of trophic disturbance, partly nervous and partly due to lack of use.

Case II. The next illustrative case is that of a man who complains of rheumatism in his elbow and hands. He knows that it is rheumatism, because several doctors have

pronounced the magic word. He has pain in his elbow and some loss of a sensation on the ulnar side of his hand. The muscles of his arm become tired very soon when he uses them, and the fatigue, after a time, is almost painful. He points out clearly where the difficulty lies, and makes a beautiful demonstration of the course of his ulnar nerve. He shows a tender spot in what is familiarly called the "funny bone", that is in the groove on the inner side of the arm at the elbow, and says that his third and fourth fingers are lacking in sensation. He says that the outer side of his third finger is without sensation, though the inner side retains a certain amount.

His occupation is that of a stone-cutter. He uses a hammer and chisel constantly. He is compelled to grasp the chisel very firmly, using especially the ulnar side of his hand for that purpose, because when he strikes the head of the instrument, its sharp edge is against the rock, and there is considerable vibration. It is his ulnar nerve, then, that is being overworked, and it is in this that the neuritis has developed. His habits with regard to alcohol are not so clear. He confesses to drinking a few glasses of beer a day, but no whiskey. He works in the open air constantly, and it would seem that when overworked nerves are exposed to frequent changes of temperature they become less resistant to infections of many kinds.

In this case we have to deal with a neuritis, and it will not be benefited by the administration of salicylates. The man will probably be compelled to give up his present occupation. He may never again be able to use his ulnar nerve in the way he has used it before. In the mean time, general stimulation, massage of the muscles of the part, provided it can be done without pain, and perhaps electricity, may do him good. Time and rest are the main elements, however, that will effect a cure, and interference with Nature's slow processes will only hinder rather than help the progress of the case. It is probable that Nature has been giving warnings with regard to the overuse of this nerve for several years. It is useless to hope that the patient will go up hill faster than he can go down. It is of no use to promise these people an immediate cure; they cannot have it.

These cases illustrate certain phases of the painful condition about the shoulder-joints that are often called "chronic rheumatism". Many more of the cases of rheumatism of

the shoulder-joint than might be imagined can be explained in just the same way as these cases. The tired ache that follows the use of muscles when certain auxiliary muscles are unable to functionate properly, because a low grade neutritis prevents the sending down of motor impulses, is the basis for much of the discomfort experienced in these cases.

As a matter of fact, faithful examination of the cases that we are tempted to call chronic rheumatism will practically always bring about their relegation to some other category than that of rheumatism. If rheumatism means anything, it means a collection of fluid in the joint, because it is derived from the Greek word "to flow", meaning an excess of secretion. None of these cases presents a superabundance of fluid within the joint capsule, and though changes sometimes take place within the joint, these will be found to be due partly to the lowered trophic condition incident to the nervous affection, and partly to the unfavorable circumstances in which the joint tissues are placed because of the inaction.

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#### LOUISIANA STATE MEDICAL SOCIETY.

The officers elected at the last meeting of the Louisiana State Medical Society are as follows:

President, Dr. John M. Barrier, Delhi; vice-presidents, Drs. J. F. Buquoi, Point-la-Hache, John Callan, New Orleans, Frederick R. Tolson, Lafayette, Norwood K. Vance, Shreveport, S. L. Williams, Oak Ridge, Charles M. Sitman, Greensburg, and Arthur Gardner, Bristol; recording secretary, Dr. William Perkins, New Orleans; corresponding secretary, Dr. Andrew G. Fredericks; treasurer, Dr. Henry S. Cocram, New Orleans; delegate to the American Medical Association, Dr. Rudolph Matas, New Orleans; alternate, Dr. Louis G. LeBeuf, New Orleans, and additional delegate, Dr. Whyte Glendower Owen, White Castle.

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The New Orleans Polyclinic closed its Sixteenth Annual Session with a good class. About thirty doctors who attended the meeting of the A.M.A. remained over and took the special three weeks course.

## ABSTRACTS AND EXTRACTS.

## The Negro.

"Some time ago we had a correspondence in our columns as to the color at birth of the infants of negro parents, both sides expressing their opinion with considerable conviction. It appears that in a recent contribution to the *Revue Encyclopédique*, a German physician, who had spent several years in African Togoland, states that in the equatorial regions the children are born of the same color as European infants. After two or three months the skin turns to a lilac color. Ten days later it becomes of a light chestnut shade, and it is only at the end of three or four months that the skin becomes completely black".—*New York Medical Journal*.

Edelman, *Medical News*, Jan. 31st., discussing "The Negro As A Criminal", gives some criminal percentages as follows:

In this country there are 866 criminals to the million among whites, among the blacks there are 2974.

Considering the arrests made in various cities, are found

|                                |        |                     |               |       |       |
|--------------------------------|--------|---------------------|---------------|-------|-------|
| Washington, D. C., population, | white, | 189457              | total arrests | 1901, | 12582 |
| "                              | black, | 88325;              | "             | "     | 13780 |
| Montgomery, Ala.,              | white, | 18000;              | "             | "     | 894   |
| "                              | black, | 12000;              | "             | "     | 1793  |
| Birmingham, Ala.,              | white  | { & black, } 38415; | "             | "     | 4030  |
| "                              | white  |                     | "             | "     | 6600  |
| Louisville, Ky.,               | white, | 148000;             | "             | "     | 3645  |
| "                              | black, | 57000;              | "             | "     | 4313  |
| Nashville, Tenn.,              | white, | 63000;              | "             | "     | 3756  |
| "                              | black, | 37000;              | "             | "     | 6081  |
| Atlanta, Ga.,                  | white, | 65000;              | "             | "     | 5784  |
| "                              | black; | 38000;              | "             | "     | 11502 |

In Pennsylvania, according to Professor Starr of Chicago University, the negro furnishes 16 per cent. of the male and 34 per cent. of the female prisoners, though he constitutes only 2 per cent. of the population.

In Chicago he furnishes 10 per cent. of the arrests though he forms only 1 1-3 per cent. of the population.

The causes of this high percentage are set down as 1. slavery, 2. ignorance, 3. environment. "Of the 24272 negro criminals in 1890, 13138 could neither read nor write, or 57.13 per cent. were absolutely illiterate".

Engelmann, *New York Medical Journal*, Feby. 8th. and 15th. 1902, considering the "Age Of First Menstruation", gives the following points regarding its occurrence in the negro:

His observations are based on a study of more than two thousand individuals observed by himself and others in St. Louis, New Orleans and Baltimore and in Jamaica.

The average age of first menstruation in 2339 in this country was 14.05. He finds that while the negro of the lowest class menstruates at 14.09, the school girl menstruates at 13.2. Strangely enough, to those who have been accustomed to look for precocity in this respect in residents of the south, the former group was taken from New Orleans, the latter from Boston. This shows the influence of general nervous and mental development and of stimulating surroundings. "The only available statistical study of functional development in the negro is that of Robertson—77 cases from Jamaica and Barbados of the very lowest class." 15.6 years is the average age of pubescence.

A report of the United States Department of Labor shows the following:

MORTALITY OF THE WHITE AND COLORED POPULATION OF SOUTHERN STATES:

(Rates per 1,000 of the Population, 1900.)

|                       | All Causes. |          | Tubercular Diseases |         |
|-----------------------|-------------|----------|---------------------|---------|
|                       | White.      | Colored. | White.              | Colored |
| New Orleans, La.....  | 20.7        | 39.7     | 2.38                | 6.13    |
| Mobile, Ala.....      | 21.5        | 32.3     | 3.08                | 6.09    |
| Charleston, S. C..... | 21.4        | 43.1     | 1.65                | 6.21    |
| Savannah, Ga.....     | 22.6        | 42.2     | 2.64                | 4.94    |
| Richmond, Va.....     | 18.1        | 32.8     | 2.05                | 3.94    |
| Nashville, Tenn.....  | 18.3        | 30.6     | 2.11                | 6.29    |

Hoffman, Statistician of the Prudential Life Insurance Company, *Medical Examiner and Practitioner*, Oct. 1902, says that the insurance of negroes by industrial companies was early recognized to be impossible on the basis of rates charged the white population and, as statutory requirements prohibit differential rates on account of color, few companies make efforts to solicit this class of risks.

In this connection the table given below is of interest:

"COMPARATIVE MORTALITY OF THE WHITE AND COLORED POPULATION, CENSUS OF 1900, REGISTRATION AREA,  
RATES PER 1,000 OF POPULATION.

| Ages. | White. | Colored. | Relative Mortality of the Colored Population.* |
|-------|--------|----------|--|
| 0— 4  | 49.7   | 118.5    | 237  |
| 5—14  | 4.1    | 9.8      | 240  |
| 15—24 | 5.9    | 15.6     | 260  |
| 25—34 | 8.6    | 16.9     | 196  |
| 35—44 | 11.1   | 21.0     | 190  |
| 45—64 | 21.5   | 36.7     | 170  |
| 65+   | 86.0   | 108.6    | 126  |

\* Relative number of deaths among the colored population to every 100 deaths among the same number of the white population.

" This table shows the mortality per 1,000 of population at each age period, together with the relative mortality of the colored population on the basis of the normal death-rate of the whites. It is shown that to every hundred deaths among the white population, ages 5 to 14, there will be 240 deaths among the colored population; at ages 25 to 34 the relative mortality of the colored is 196, and at ages 65 and over, 126. The relative differences in the death-rate are, therefore, greatest at young ages, and less among the element which may be said to represent the results of slavery conditions before the Civil War. In other words, the new generation is shown to be relatively subject to a much higher death-rate than the old, and in the struggle for race survival a type giving evidence of a low degree of vital resistance must needs, in course of time, pass away before the healthier and dominant race.

" The following table embraces a period of ten years, 1893—1902, and includes 29,316 white and 6,134 colored patients.

COMPARATIVE MORTALITY PER CENT. OF WHITE AND COLORED PATIENTS BY CLASSES.

JOHNS HOPKINS HOSPITAL, BALTIMORE, MD.

|                    | Male Patients. |          | Female Patients. |          |
|--------------------|----------------|----------|------------------|----------|
|                    | White.         | Colored. | White.           | Colored. |
| Medical Cases..... | 8.6            | 17.6     | 7.3              | 20.1     |
| Surgical.....      | 5.1            | 6.5      | 5.1              | 7.7      |
| Gynecological..... | —              | —        | 2.9              | 5.2      |
| Obstetrical.....   | —              | —        | 1.3              | 1.8      |

Of the medical cases, among males the percentage of deaths was 8.6 for the white and 17.6 for the colored, while for women the difference is even more pronounced. Of the surgical cases the mortality of the colored males was not very much in excess of the death-rate of the whites, supporting the general opinion that the negro stands surgical shock at least as well, if not better, than the white male, but for women the evidence is conclusive that colored women are less likely to survive surgical operations than white women. In the more complicated gynecological cases the percentage of deaths was much greater among negro women, but ordinary obstetrical cases experienced a death-rate of 1.3 of the white against 1.8 for the colored. This conclusion of a mortality in childbirth among negro women is confirmed by the last census, which gives a death-rate of 5.7 per 10,000, ages 15-49, for the colored, against 3.5 for native whites, 4.5 for those of Irish parentage, and 5.3 for those of German.

" While the special disease liability of the negro has been discussed by many medical writers, but in particular by Reburn, Corson and Matas, some of the more important results

of the experience at Johns Hopkins Hospital may be of interest. The table which follows shows the case mortality percentage of deaths from consumption, pneumonia and typhoid fever, by color and sex of the patients treated during 1893-1902.

"COMPARATIVE MORTALITY FROM SPECIFIC DISEASES.

JOHNS HOPKINS HOSPITAL, BALTIMORE, MD.

PERCENTAGE OF DEATHS OF CASES TREATED.

|                  | Male.  |          | Female. |          |
|------------------|--------|----------|---------|----------|
|                  | White. | Colored. | White.  | Colored. |
| Consumption..... | 19.2   | 44.5     | 21.4    | 41.6     |
| Pneumonia.....   | 20.7   | 30.2     | 32.0    | 24.3     |
| Typhoid.....     | 6.5    | 10.7     | 6.5     | 11.3 "   |

French, *Medical Examiner and Practitioner*, Dec. 1901, says: "The negro in America is also extremely subject to consumption. This seems to date largely from his coming to freedom. Unfitted by generations of slavery to care for himself, and deprived of the care which his master had formerly exercised over him as property, he fell a victim to ignorance, filth and overcrowding, with the diseases which accompany them. In support of this view, it is said that the death rate of the negro in Charleston, S. C., in 1860 was exactly the same as that of the white man, 12 per 1,000, while in 1895 the white death rate had increased to 18.7 per 1,000 and that of the negroes to 29.1 per 1,000. The deaths from consumption, calculated at ten-year intervals, was as follows; in 1865, whites, 57; colored, 74; in 1875, whites, 54; colored 132; in 1885, whites, 57; colored, 209; in 1895, whites, 39; colored, 194. Total deaths in 31 years: 1,525 whites, 4,975 colored. Estimated population in 1896: 28,870 whites, 36,295 colored."

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## THERAPEUTICS.

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### Asthma.

The following combination appears in the "Indiana Medical Record", and is recommended in the treatment of bronchial asthma:

|    |                      |   |   |       |      |
|----|----------------------|---|---|-------|------|
| R. | Potassii iodidi      | - | - | gr. x | 65   |
|    | Spts. ammon, arom.   | - | - | m. xx | 1 30 |
|    | Spts. etheris sulph. | - | - | m. xx | 1 30 |
|    | Tinct. belladonnæ    | - | - | m. x  | 65   |
|    | Aquaæ camphoræ       | - | - | ʒi    | 30   |

M. Sig: To be taken at one dose.

The author places emphasis on the good effects of the potassi iodid, especially in those cases accompanied by a bronchitis. The dose of this preparation may be repeated three or four times a day, and gradually increased to thirty (2.00) or forty (2.65) grains at a dose.

He recommends it given in a glass of milk, without any admixture of syrup and on an empty stomach. When combined with potassium carbonate the iodin is not set free in the stomach, and consequently prevents disturbance of that organ. It may be combined with ammonium preparations which act on the skin and so relieve the mucuous membranes.

Poulet, in "*Bul. Gen. de Ther.*", recommends the following combination containing oxalic acid in the treatment of asthma and capillary bronchitis:

|    |               |   |   |            |    |    |
|----|---------------|---|---|------------|----|----|
| R. | Acidi oxalici | - | - | gr. xxx    | 2  | 20 |
|    | Sodii bicarb. | - | - | gr. xlviii | 3  |    |
|    | Syr. aurantii | - | - | 5ii        | 60 |    |

M. Sig: One tablespoonful every hour.

In ordinary forms of bronchitis, "*Press Medical*" recommends the following:

|    |                 |   |   |         |    |     |
|----|-----------------|---|---|---------|----|-----|
| R. | Thiocol         | - | - | gr. xxx | 2  | 30  |
|    | Sodii benzoatis | - | - | gr. xxx | 2  |     |
|    | Tinct. aconiti  | - | - | m. xx   | 1  |     |
|    | Aq. laurocerasi | - | - | 5iiss   | 10 |     |
|    | Syr. senegæ     | - | - | q.s ad  | 5v | 150 |

M. Sig.: One tablespoonful three times a day.

Robin recommends the following in chronic bronchitis:

|    |                         |   |          |     |     |
|----|-------------------------|---|----------|-----|-----|
| R. | Antimonii oxidi (white) | - | gr. viii | 50  | 20  |
|    | Syr. ipecac             | - | -        | 5ii |     |
|    | Terpin hydratis         | - | gr. iii  |     |     |
|    | Dionin                  | - | gr. 1-6  |     |     |
|    | Mist. acaciæ            | - | -        | 5iv | 120 |

M. Sig: One teaspoonful several times a day.

—*Journal of the American Medical Association.*

## SOCIETY NOTICE.

The Clarksdale and Six Counties Medical Society will meet at Clarksdale Wednesday, June 10th. Dr. L. D. Harrison of Clarksdale is the Secretary.

# *EDITORIAL.*

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**E. F. HOWARD B.S., M.D.**

Editor

## **COLLABORATORS**

**H. L. SUTHERLAND M.D.,**  
Rosedale.

**R. A. QUIN M.D.,**  
Vicksburg.

**W. M. PAYNE M.D.,**  
Aberdeen.

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Official Organ of the Clarksdale and Six Counties Medical Society.

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Address All Communications "MISSISSIPPI MEDICAL RECORD, Vicksburg, Miss."

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**SUBSCRIPTION: ONE DOLLAR PER ANNUM.**

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With the opening of the Vicksburg Infirmary, which took place on May 14th, the physicians and public of this part of the state are furnished with an institution that fills a long felt want. The house is new, clean and complete in every detail. It is under the direct supervision of a physician who is well and favorably known, not only in this state but throughout the south, and a matron of experience and ability. But, above all, "It is open to any reputable physician or surgeon, who may treat his patients there in the full assurance of receiving all professional and friendly courtesies". This is the point of interest. Few of us in the south can afford private infirmaries without saddling ourselves with a burden of debt and mortgage that makes us worry to the extent of handicapping our work or puts the fees of the institution beyond ordinary reach. This being the case, it is a source of great satisfaction to know that there is such a place as this infirmary close at hand.

The house has twelve private rooms and a ward that accommodates, comfortably, ten beds. This will be for those men who cannot afford, or do not care to pay the fees for, a private room. In all other respects the accommodation is the same. The rates range from ten dollars a week, for the ward, to as high as five dollars a day for the more handsomely equipped of the private rooms. This, of course, does not include the attendance of a physician, since each patient is free to select his own attendant and each physician must necessarily be, to a certain extent and with consideration

for the exigencies of the case, a law unto himself in the matter of fees.

The physicians of the city seem to realize most heartily the advantage of having such conveniences at their disposal and the majority will give the institution their good will and support. That the citizens are heartily in accord with the movement and feel a pride in the work was amply evidenced by the large attendance at the opening and the expressions of satisfaction and delight that were heard on every hand.

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We beg to call the attention of our readers to Dr. Billings' presidential address delivered before the American Medical Association at its recent meeting in New Orleans (see *Journal of American Medical Association* of May 9th., and *New York Medical Journal*, *Medical News*, *American Medicine* and *Philadelphia Medical Journal* of the same date). It is an address eminently characteristic of the man and reflects credit upon the Association and upon the profession that he represents.

Of primary and paramount importance is the matter of "Education Preliminary to Medical Study," and it is to be regretted that Dr. Billings did not emphasize the evils of the course pursued by many of our so-called reputable colleges even more forcibly. The reason the "mortality rate" at examinations by our state boards is so high is easily accounted for when we find that fully one-half of the applicants are almost totally ignorant of the rudiments of English grammar and do not know the meaning of many of the simplest words of our ordinary language. We do not expect that the medical schools will ever require a college diploma as a requisite for entrance. It is not necessary, as many of our ablest practitioners are living witnesses. But it is pitiful in the extreme to see how far some of our schools descend in their eagerness to get patronage.

Why cannot we help? Most students, especially in our country districts, have preceptors and these gentlemen, despite the insinuation of a recent "Fable" of Mr. Ade, do aid their students very materially in their choice of and preparation for their medical colleges. Cannot these preceptors impress upon their students the advisability of devoting their

spare time to the acquirement of that general knowledge that will be of real benefit to them, not alone during the college course but throughout their entire lives, rather than to set them digging aimlessly into the primary branches and laboriously acquiring a few unimportant facts that they would take up "by absorption" during their first course if their minds were better fitted to contain them?

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Tennessee has recently been the seat of war between the Farbenfabriken of Elberfield Company and one J. T. Hampton of Cleveland, Tenn. According to the Chattanooga "*Daily Times*" of May 2nd., it appears that Hampton has been selling for L. J. Fulmer & Co., Detroit, Mich., a class of goods that not only infringed the patents of the Farbenfabriken of Elberfield Company, but that on analysis proved to be dangerous counterfeits of phenacetin, trional and similar well-known remedies. This is by no means the first time such methods have been detected, a favorite course being that of smuggling spurious goods from Canada and selling them for what would be less than their real value, if they were what they were pretended to be, on the claim that they paid no duty and therefore could be sold cheaply.

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#### REPRINTS RECEIVED.

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Report on Radio-Therapy, by Thos. L. Butler M.D., Louisville, Ky.

Pelvic Deformity in New York City, by J. C. Edgar M.D., New York.

The Excision of Cancer of the Rectum, by L. H. Adler Jr., M.D., Philadelphia.

The Influence of the Cervical Sympathetic upon the Eye, by William Cheatham M.D.

Polypoid Growths in Children *vs.* Prolapse, by L. H. Adler Jr., M.D., Philadelphia.

Hyoscine in the Treatment of Morphinism; its Office and Value, by G. E. Pettey M.D., Memphis, Tenn.

The Treatment of Non-Paralytic Strabismus: A New Operative Procedure, by J. H. Woodward B.S., M.D., New York.

Gastrojejunostomy with the McGraw Elastic Ligature, for the Relief of Gastrophtosis, by H. O. Walker M.D., Detroit.

Renal Decapsulation for Chronic Brights Disease, by G. M. Edebohls A.M., M.D.

Collective Investigation Concerning The Value of Silver Nitrate Injections In The Treatment of Pulmonary Consumption, by T. J. Mays M.D., Philadelphia.

Report of 1371 Cases of Tuberculosis Treated in the Asheville Climate, by Jas. A. Burroughs M.D., Asheville, N. C.

The Value of Some of the Early Symptoms of Pulmonary Tuberculosis, by Jas. A. Burroughs M.D., Asheville, N. C.

### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)

FOR APRIL 1903.

| CAUSE                             | WHITE |        | COLORED |        | TOTAL |
|-----------------------------------|-------|--------|---------|--------|-------|
|                                   | Male  | Female | Male    | Female |       |
| Bronchitis.....                   |       |        | 1       | 2      | 3     |
| Cerebral Hemorrhage.....          |       |        | 1       |        | 1     |
| "    Softening.....               |       |        | 1       |        | 1     |
| Cardiac Droppedy.....             |       |        | 1       | 1      | 2     |
| Congestion of Stomach.....        |       | 1      |         |        | 1     |
| Heart Disease, Unclassified.....  |       |        | 1       | 2      | 3     |
| Inanition.....                    |       |        | 1       | 1      | 2     |
| Malarial Fever, Unclassified..... |       |        | 1       |        | 1     |
| "    "    Pernicious.....         | 1     |        |         | 1      | 1     |
| Marasmus.....                     | 1     |        |         | 1      | 2     |
| Phtisis Pulmonalis.....           | 1     |        | 1       | 4      | 6     |
| Pneumonia.....                    | 1     | 1      | 1       |        | 3     |
| Senility.....                     |       | 1      |         | 1      | 1     |
| Septic, Aemia.....                |       | 1      | 1       |        | 2     |
| Typhoid Fever.....                |       |        | 3       | 1      | 1     |
| Cause not given.....              |       |        |         |        | 3     |
|                                   | 4     | 3      | 13      | 13     | 33    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

## MEDICAL NEWS AND MISCELLANY.

The Circuit Court of the United States for the district of Massachusetts has rendered a decision in the suit of Fairchild Brothers & Foster against Walter L. Conwell. A part of the decree reads as follows: The complainant has the sole right to make use of the name "Fairchild" in connection with the term "Essence of Pepsine." Conwell had engaged in a method of substitution that no doubt is common, namely, filling physicians prescriptions which specified Fairchild's Essence of Pepsine, with an essence of pepsine made by himself. The decree perpetually enjoins said Walter L. Conwell, his agents and employees from selling or dispensing any "Essence of Pepsine" or pharmaceutical preparation of any sort or kind whatsoever not manufactured by Fairchild Bros & Foster, in imitation of or substitution for "Fairchild's Essence of Pepsine" whenever "Fairchild's Essence of Pepsine" is prescribed or asked for.—*Atlanta Journal-Record.*

**THE INCOMES OF PHYSICIANS.**—Dr. A. K. Steele, in a paper before the Chicago Medical Society, states that there is an unusual amount of ignorance both on the part of the public and the profession regarding the income of physicians. Professional incomes are greatly overestimated. The income of the average physician in Chicago varies from \$1,500 to \$3,000 per annum; office specialties—eye and ear, nose and throat—average \$2,000 to \$6,000; consulting physicians, \$5,000 to \$15,000; six leading physicians, \$15,000 to \$35,000; six leading surgeons, \$20,000 to \$60,000; six leading gynecologists, \$10,000 to \$20,000; six leading office specialists, \$10,000 to \$15,000; average surgeons \$3,000 to \$10,000. The practitioners in Chicago whose income from practice exceeds \$30,000 can be counted on the fingers of one hand, and probably not more than a score exceed \$20,000 per annum. The two to three-dollar visit, the five to twenty-five dollar consultation, the ten to thirty-dollar case of obstetrics, and the larger fees provided for operative work do not insure large incomes to many in the profession. The expenses of a physician keep pace with his increasing business, so that the opportunity for accumulating wealth is not easy.—*Courier of Medicine.*

**HYPERCHLORHYDRIA, A SYMPOSIUM:** The June Issue of the *International Medical Magazine* will be devoted to a symposium on this most important gastric subject, than which

none more important has ever been published in any American journal. More than half a dozen of the leading European specialists will contribute, among whom are:

Prof. C. A. Ewald of Berlin.  
Prof. George Hayem of Paris.  
Prof. Carl von Noorden of Frankfort.  
Dr. L. Kuttner of Berlin.  
Prof. Rosenheim of Berlin.

The selection of contributors from this side of the Atlantic has been equally happy, and the following will take part:

Prof. John C. Hemmeter of Philadelphia, on "An Experimental and Clinical Study of the Etiology of Hyperchlorhydria."

Dr. Allen A. Jones of Buffalo, on "The Effervescent Test for Gastric Acidity."

Dr. Boardman Reed of Philadelphia, on "A Further Development of the Benedict Effervescent Test of Gastric Acidity."

Dr. John A. Lichty of Pittsburg, on "The Relation Between Hyperchlorhydria and Neurasthenia."

Prof. Fenton B. Turck of Chicago, on "The Treatment of Hyperchlorhydria."

Dr. A. Robin of Newark, Delaware, on the "Etiology of Hyperchlorhydria."

Dr. Max Einhorn, and others.

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Birmingham Medical College held its ninth annual commencement April 2, graduating a class of 22. A. P. Montague L.L.D., delivered the annual address; Dr. R. M. Cunningham, the faculty address and Dr. Benjamin L. Wyman conferred the degrees and gave the charge to the class.

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The thirty-seventh year of the Medical College of Alabama, Mobile, closed April 3. A class of 12 received diplomas.

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The following resolution was adopted by the House of Delegates of the American Medical Association:

*Resolved*, That the Committee on Organization be instructed to confer during the year with the governing authorities of the various state and territorial associations and, if possible, to report to this House next year some general plan for holding the annual meetings of these bodies in the fall, or at a time which will least conflict with the attendance of members at the sessions of this Association.

# Mississippi Medical Record.

VOL. VII.]

JULY 1903.

[No. 7.

## SPECIAL ARTICLE.

### \*EULOGY ON THE LATE DR. ISAAC PERRY PARTIN.

J. H. BLANKS M.D.,  
MERIDIAN, MISS.

*Mr. President and Gentlemen of the Lauderdale County Medical Association:*

When you placed my name on the program for this meeting to-night and asked that my subject be a eulogy on Dr. Isaac Perry Partin my feelings were mingled with pleasure, sadness and regret.

With pleasure because I was pleased to know that some of his many traits of character as a man, physician and Christian gentleman would not be passed unnoticed, but would be placed in the archives of this Society, where others who follow us may read and possibly profit thereby.

With sadness because this Society, county and state have lost so worthy a citizen and physician.

With regret that I did not feel capable of doing justice to so important a subject.

I feel that words would fail me to express what I knew and thought of Dr. I. P. Partin. Dr. Partin was born in this county, near Chunky Station, on December 22nd. 1852, and died at Hookston in the same county, July 23rd. 1902. He was educated at the common country schools in his vicinity and graduated from the Medical College of Alabama, now the University of Alabama, in 1886. He also attended a course of lectures at the New York Polyclinic in 1893. Dr. Partin was no ordinary man. He was one whose every day walk and conversation, whose every act and deed, we should all strive to emulate. He was a man of fine physique

\* Read before the Lauderdale County Medical Association.

and dignified manners, unassuming, always open to conviction, ready to hear when told he was wrong and yet firm when he felt and knew he was right.

"The exalted mission of the medical profession should make itself felt upon the man who assumes its responsibilities, its privileges and its duties", and no one ever felt this more keenly than did Dr. I. P. Partin. It has been my good fortune to meet Dr. Partin in consultation of late years frequently, and always I found him the same genial, modest, unassuming Partin. He never courted notoriety, but was free to give you a clear history and in every way to aid you to diagnose the case, and had always read up and made every effort to find relief for his patients before calling consultation. It always pleased him if you could aid him and seemed to grieve him if you could not. His whole desire was the relief of his patients. He had faults, but as few as any man, and those he had harmed no one save himself. His whole desire by day and his dreams by night were to rid himself of such. No man ever tried harder or sacrificed more to rid himself of his only fault than he. I think I hazard nothing when I say "only," for he had but one. He left this city where he enjoyed a lucrative practice and where the hardships of the physician were light, and sought the rough, laborious and arduous work of a country practice, simply to avoid the temptations and allurements of the former. He, if any one, could truly say as he wended his way through the stormy night :

"A heavy burden the physician bears,  
Upon his shoulders rests a world of cares.  
His is the mission suffering man to save,  
Snatch the predestined victim from his grave;  
Fathers and mothers cry with terror wild:  
'I pray thee save, oh save, my darling child.'"

"Probably in no other profession does courtesy so delight to show her heavenly origin, or is more faithful in adorning all who seek her shrines. Professional courtesy is what bestows on the medical profession its hours of relaxation from the wear and tear of a fatiguing practice."

We find this his constant mode of rest, save when he could find a few moments bowed in prayer; or at his little, humble and unpretentious church, worshiping the God who made him.

## ORIGINAL CONTRIBUTIONS.

\* REPORT OF THREE CASES ASSOCIATED WITH PURPURA,  
WITH SOME REMARKS ON SAME.

JAMES B. McELROY B.S., M.D.,  
STOVALL, MISS.

Case I. Polly P., black, female, aged 45, Stovall, Miss., Sept. 14th. 1901. *Family history* negative. *Personal history*: denies leuetic history and has never before had rheumatism.

*Present Illness*: complains of fever and sore throat. *Physical examination*: a fairly strong negro woman, temperature 100° F., pulse 118 and regular. She is sweating freely. Tonsils are inflamed and ulcerated and she swallows with difficulty. There are no painful joints. She was given throat wash of creolin and tincture of guaiac, and tincture of ferric chloride internally.

Sept. 16th., two days later. The temperature is 101° F., throat symptoms still persist, but not so severe. There is a papular eruption in the palms of the hands and on the soles of the feet. She persistently denies history of syphilis. There is a slight conjunctivitis with circumcorneal hypertrophy, and some pain in the wrist joints. She was given a boric acid wash and elixir of tonga compound.

I was called to see her Sept. 18th. She was in great suffering—complained of pains all over, but chiefly of exquisite pain in both knee joints, and the eyes were very painful. The throat symptoms still persisted. There was an urticarial eruption over the body. The knee joints were swollen. There were purpuric spots over the anterior surfaces of the legs and there was edema of same. The legs were extremely painful to touch. There was nausea and she had vomited some. Temperature was 103° F. The heart was negative. She was put on sodium salicylate, grains xv every four hours, and the symptoms rapidly subsided followed by uninterrupted recovery.

Case II. Waddell C., black male, 11 years of age, McLemore, Miss., May 12th. 1902. *Family history* negative, no bleeders. *Personal history*: had measles and whooping cough several years ago, chills and fever four years ago, and another attack about one year ago, varicella four weeks

\* Read before the Clarksdale and Six Counties Medical Society.

ago. Never had rheumatism and is not subject to sore throat. There has been no exposure to diphtheria so far as known. Diet principally bread, molasses and salt pork.

*Present Illness.* He went to Friars Point with his father May 7th. where he had a slight chill, with nausea and vomiting and spitting of blood from the gums. For the next four days he was up, complaining of malaise and spitting blood. On May 11th. he consulted Dr. Everette, complaining of spitting blood and sore throat. The doctor diagnosed diphtheria and prescribed calomel, quinine and a throat wash. I was called to see him May 12th., the fifth day from onset of symptoms. Patient then complained of hemorrhage from mouth, sore throat and weakness.

*Physical Examination.* Temperature 102 2-5° F. Pulse 105. Skin hot, a few vibices on neck and over mid sternum, cervical glands enlarged and tender. Blood exudes freely from gums, which are swollen about the incisors and are of a dark grumous appearance. Teeth not loose. Free hemorrhage from mucous membrane of tonsils and pharynx; uvula inflamed and edematous. No membrane was observed. Lungs were negative, also the heart. *Blood:* there were no parasites. Leucocytes were apparently increased, with apparent relative increase of the lymphocytes. The leucocytes showed marked degeneration, the protoplasm and nuclei taking Wright's stain poorly. *Urine:* amber in color, acid, a trace of albumen and no casts.

Smear from the throat showed bacilli which conformed morphologically and tinctorially with Loefler's methylene blue to the diphtheria bacillus as well as various other micro organisms.

The patient had had one stool since the administration of calomel the night previous. Ordered oil and turpentine, tincture of ferric chloride and fluid extract of ergot m xv every four hours. Loefler's solution to the throat. Diet: milk with lime water and orange juice freely.

May 13th., sixth day. Patient says he feels bad. Had a bad night. Gums still bleeding, not so freely, and they are dark and spongy. Membrane on tonsils and base of uvula, also in patches on the fauces. Membrane when detached leaves bleeding surface. Breath very foul. Cervical glands are swollen and tenderer than yesterday. Teeth not loose and there is no induration of the muscles of the leg.

*Blood.* Hb. 60 per cent. Erythrocytes 3,816,000. Leucocytes increased. Coagulation time of blood: seven minutes. There had been three stools in the last twenty-four hours. Temperature 102 1-5° F. Pulse 111. Treatment continued.

May 14th., 2 p. m., seventh day. Patient still feels bad though had better night than the previous one. There are several purpuric spots on the left side of the face from pin head size to the size of a copper cent. There are two large ecchymoses on the right forearm. Hemorrhage from the gums and pharynx free. Membrane entirely covers uvula. Lungs and heart negative. Spleen palpable. Liver not appreciably enlarged. Temperature 103 3-5° F. Pulse 118.

*Blood.* Hb. 45 per cent.; erythrocytes 2,112,000; leucocytes 31,000. Coagulation time: 12 minutes.

*Urine.* Bloody—quantity in last twenty-four hours 500 c.c. Specific gravity 1.020. Red blood corpuscles and casts numerous.

*Treatment.* 2000 units antidiphtheritic serum (P.D. & Co.), would have administered it earlier but for the delay in obtaining it. Ergotole hypodermatically and normal salt solution *per rectum*.

May 15th., eighth day. No perceptible improvement. Temperature 103 2-5° F. Pulse 118. Purpuric spots increased in number and size on face and upper and lower extremities. There are two large ecchymoses on the back, hemorrhages from mouth and kidneys continues. Two stools in the last thirty-six hours.

*Blood.* Hb. 30 per cent.; erythrocytes 1,632,000; leucocytes 40,000.

*Treatment.* Antidiphtheritic serum, 2000 units, Calomel and Rhubarb Comp.

|             |                       |        |
|-------------|-----------------------|--------|
| Wright's Rx | Calcii Chloridi       | 5iii   |
|             | Aquaee Chloroformi    | 5ii    |
|             | Syrupi Aurantii Flor. | 5iv    |
|             | Aquaee qs. ad         | 5ii M. |

Sig: One tablespoonful three times a day. Mouth wash of 5 per cent. gelatin in normal salt solution.

May 16th., ninth day. Patient seems worse. Temperature 104° F. Pulse 120. Eyelids edematous. Sanguous discharge from the nose. Bleeding from the gums is stopped, but they are very much swollen. Purpuric spots about the same. Hemorrhage from the kidneys less. Nasal breath-

ing seems obstructed. Submaxillary glands are swollen and indurated. Irrigation of the nose and throat brings away shreds of membrane and ropy, bloody material.

May 17th., tenth day. Face and hands more edematous. Purpuric spots in the roof of the mouth. No bleeding from the gums. Urine smoky, 700 c. c. in the last twenty-four hours. Hemorrhage from kidneys about stopped. Smears from the throat show bacilli, which stain as the diphtheria bacilli with Neisser's stain. There is some delirium, though patient responds to questions.

*Treatment.* Antidiphtheritic serum, 1500 units. Irrigation of nose and throat with 1-10000 Bichloride solution.

May 18th., eleventh day. Patient is very restless and delirious. Temperature 106° F. Pulse 154. Edema increased, no hemorrhage. Irrigation brings away large shreds of membrane from nose and throat. Antidiphtheritic serum, 1500 c.c. Patient gradually grew worse, and died at 3 P. M.

Case III. Spencer C., father of the last patient, black, male, aged 46, farmer. McLemore, Miss., July 15th. 1902.

*Family History:* mother dead, cause unknown; sister died of pneumonia. Is sure that none of his family has died of hemorrhage and does not think any of them have bled unduly from injury.

*Personal History:* had acute nephritis last year in which I attended him. No other sickness. Diet same as son's.

*Present Illness:* last week had dumb chills. Sunday, Monday and Tuesday took Blue Chill Cure. Began spitting blood from gums last Sunday, just two months since his son's illness. Has had no pain until this morning, when has slight pain in his back. Temperature 98 2-5° F., pulse 72. There are numerous purpuric spots over back and chest and a few on the arms, from pin-head size to size of copper cent. Hemorrhage from the gums. Gums swollen. Teeth not loose. Cervical glands not enlarged. Throat not sore. *Blood:* Hb. 70 per cent. Erythrocytes 4,044,000. Leucocytes 12,000. Eosinophiles 6 per cent. Coagulation time: eight minutes.

*Treatment:* Wright's formula, calcium chloride and mouth wash of 5 per cent. gelatin in normal salt solution.

The next day the patient did not feel very bad but was very uneasy lest he should go the way of his son. Hemor-

rhage continued, but not so free. *Treatment continued.* The next day I was very politely notified that the patient was so extremely uneasy about himself that he had decided to try another doctor. So he, I am told, came to Clarksdale in his buggy and placed himself under the care of one of his own color practicing medicine in this place. I saw him several months afterward and he told me that he still spat blood occasionally and that he came near bleeding to death since he saw me. Recently I saw him and he assured me that he had no throat symptoms and the bleeding just stopped itself.

By purpura, we mean spontaneous extravasation of blood into the skin, consequently purple spots are observed which do not disappear upon pressure. These hemorrhages are due to "changes in the blood or in the vessel walls, or occasionally to embolic lodgment of bacteria in the arterioles of the skin".<sup>1</sup> From which it is manifest that purpura is a symptom of many and various conditions rather than a disease entity. For this reason it is a difficult matter to classify the purpurae.

The usual classification into symptomatic, arthritic, and purpura hemorrhagica, with their various subheads; as for example, under symptomatic: infectious, toxic, cachectic, and neurotic; under arthritic: purpura simplex, Schorlein's Disease, and Henoch's Purpura; is merely one of convenience.

Addo and Olmer say that "purpura may appear with or without any lesions in the viscera but frequently lesions are evident; that there is some disease which determines the mode of entry of some infective material, generally bacterial, and the organs which generally give admission are the bronchi, the lungs, the tonsils, and the intestines. In another series of cases vesicular lesions appear to produce purpura by alteration of nutrition and by autointoxication".<sup>2</sup>

Then there are the purpurae of toxic, mechanical and nervous origin.

"W. Kock considers all purpuras except symptomatic purpura, including hemophilia, under the head of hemorrhagic diathesis".<sup>3</sup>

Various microorganisms have been isolated from the blood, the purpuric spots and the viscera in cases of purpura hemorrhagica. Setzerich isolated a bacillus which he claims is the specific cause of this condition. While working with

it, he became infected and developed the disease. Other organisms have been isolated by other observers who assign a causative influence to them, *a. g.*: Streptococcus pyogenes aureus, Staphylococcus, Diplococcus lanceolatus, Bacillus pyocyanus, Bacillus Coli Communis, Bacillus Aerogenes Capsulatus and others, while other observers have reported negative results. So Ewing says, "It seems necessary to provisionally separate the cases of purpura haemorrhagica of probably infectious origin from those which in no respect resemble an infectious disease and are therefore probably acute manifestations of hemophilia".<sup>4</sup> Thus it is impossible in the present state of our knowledge to satisfactorily classify the purpuræ, but I think it is possible to simplify the present classification somewhat as the cases which I report tend to show.

The first is plainly one of those rare cases which is classed as Peliosis Rheumatica or Schonlein's Disease, from the man who first described it. It has been the tendency for some time to regard acute articular rheumatism as an infectious disease, and the observations of Von Seyden, Fritz Meyer, Poynton and Payne and more recently Walker and Beaton seem to afford strong ground for such a position. So it seems to me not irrational to regard these purpuræ occurring with acute articular manifestations as infectious in origin, just as we regard the purpuræ occurring in acute endocarditis, scarlet fever, smallpox etc., though no observations have been made in these cases to prove the presence of Poynton and Payne's diplococcus.

Anders thinks these purpuræ occurring in the course of acute articular rheumatism are probably toxic, or that they may probably be due to emboli.<sup>5</sup> He however is inclined to think that the so-called Peliosis Rheumatica, Schonlein's Disease, the condition presenting the symptom complex of Polyarthritis, a purpuric rash and edema, such as our case No. I., is not rheumatic in origin because heart complications are so rare in these cases and because of the uncertain response in them to the salicylates. It will be observed that our case had no heart complications, but responded promptly to Salicylate of Sodium.

Case No. II., together with case No. III., is extremely interesting from several standpoints, but especially as regards diagnosis.

Was Case No. II. one of Purpura hemorrhagica? Was it just a case of malignant diphtheria? Was it a mixed infection of diphtheria and the common pus organisms? or was it a case of diphtheria associated with one of the so-called constitutional diseases; scurvy, for example?

It is to be regretted that cultures were not made, but it was impracticable to do so.

As pointed out above, Purpura Hemorrhagica may be due to infection with a number of microorganisms, streptococci and pneumococci being the microorganisms which most frequently offend. Membranous angina is not a symptom mentioned of this disease, but we know that membranous anginae occur in these infections from other organisms than the diphtheria bacilli.

As a rule, we are enabled to distinguish these conditions by the character of the membrane formation. As in infections other than true diphtheria, the membrane is loosely attached and may be removed without leaving a bleeding surface. I noticed this in a case of pneumonia where there was a membrane over the throat and buccal mucous membrane due to the diplococcus lanceolatus, and it is said to be the case usually in all except in cases of ulcero membranous angina due to Vincent's fusiform bacillus and spirochetae, which I also observed to be true in a case of this disease which I reported at the last meeting of the State Association.

These facts taken with other symptoms which I will call your attention to later, render it improbable that this was a case simply of what is known as Werlhoff's Disease.

Was it a case of diphtheria at all; if so was it associated with some other infection?

We know that in severe cases of diphtheria we may sometimes observe hemorrhagic symptoms such as occurred in this case. As in the cases reported by J. S. Smith,<sup>6</sup> and Stephens and Parfitt,<sup>7</sup> and others.

While there was no history of exposure to diphtheria so far as could be ascertained, and the boy was eleven years of age, the points in favor of diphtheria are: (1) The membrane was not limited to the tonsils but extended to the fauces, pharynx, uvula and nasal cavities. (2) The membrane was firmly adherent to underlying tissue and not easily rubbed off. (3) The membrane when removed left bleeding surface. (4) Discharge from the nose was bloody and irritating. (5) The cervical and submaxillary lymph glands were enlarged and tender. (6) The onset was gradual, temperature lower at the beginning. (7) There was marked constitutional depression. (8) A severe nephritis was present. (9) The predominating microorganism in smears from the throat was a bacillus which conformed morphologically and tinctorially

with Lofler's Methylene Blue and Neisser's stain to the true diphtheria bacillus.

We know that there is a bacillus found in the throat which differs only slightly in cultural characteristics from the Klebs-Lofler bacillus known as the bacillus Xerosis. This is not pathogenic. There is also a bacillus which is morphologically and culturally identical with the true diphtheria bacillus and its identity can be distinguished from the true bacillus only by animal experiments. So technically it is true, as Park says, "Nothing but animal inoculations with control injections of antitoxine will separate specifically virulent from non-virulent bacilli".<sup>8</sup> This difficulty presents itself only in those mild cases of diphtheria where there is scarcely any membrane formation and slight symptoms which, however, may breed very virulent diphtheria.

Then there are in the mouth of persons with decayed teeth bacilli which closely resemble the Klebs-Lofler bacillus morphologically. But the presence of bacilli in large numbers which were about the size of the Klebs-Lofler bacillus, which stained lightly with darker dots in them with Lofler's Methylene Blue, which also stained yellow with blue dots in the ends with Neisser's stain, together with throat symptoms, and the degeneration of the leucocytes to which Ewing calls attention in cases of diphtheria, leaves little room to doubt the presence of diphtheria.

Was it a mixed infection or septic diphtheria? In these cases, the membrane is usually extensive, and the swelling of the affected parts marked with muco-purulent discharge from the nose and throat, the nares obstructed, the breath of a peculiar fetid odor, the lymph nodes and cellular tissues of the neck swollen and indurated, and the constitutional symptoms those of a profound septicaemia.<sup>9</sup>

While this is a fair picture of our case No. II, it will be observed that the hemorrhagic symptoms were in evidence before there were any throat symptoms, that the patient's diet was principally bread, molasses and salt pork, without any vegetables, that there was a spongy condition of the gums, extremely marked, though there was no induration of the muscles of the legs. Then, too, while there was an apparent leucocytosis, it was not a real one. There was a lymphocytosis. It is true that there is no blood condition absolutely characteristic of scurvy, but a lymphocytosis would be rather against a septic condition as in septicaemia. Then on the ground of an infection by one of the ordinary pus producing organisms, case No. III would be different of explanation, presenting almost all of the hemorrhagic symptoms of case No. II except hemorrhage from the kidneys, and resembling clinically a case of scurvy. So it is probable that

in case No. II we had a case of scurvy associated with diphtheria; in case No. III, a simple case of scurvy.

With this view, then, these cases became extremely interesting with respect to recent views of Dr. Preble of Chicago on the nature of scurvy, not yet published. He is inclined to regard scurvy as not a disease *sui generis*, but a symptom complex due to an infection, probably not a specific infection; that it is a form of eruptogenetic sepsis and the clinical picture known as scurvy merges gradually with other forms of so-called purpura and with acute articular rheumatism.

Only a few words as to the treatment.

In purpura associated with acute articular manifestations, the salicylates should be given freely.

I cannot see that the antitoxin did any good in case No. II., nor did it do any harm apparently. It is however, not to be concluded that antitoxin is of no value in diphtheria. When a remedial measure has reduced the mortality from 40 per cent. to less than 15 per cent, we must assign to it a specific value. It will be remembered that in this case the serum was administered late—on the seventh day, and then possibly in too small doses. I am sure Dr. McCollom of Boston would think so, who administers 30,000 to 40,000 units in desperate cases with marvelous effect.

Another point to which I desire to call your attention to in these cases of purpura associated with severe hemorrhages is the importance of determining the coagulation of the blood. The normal coagulation time is 4 to 5 minutes. It will be observed that the coagulation time in the cases was from 7 to 12 minutes. It will also be observed that the old remedies were of very little if any value in these cases. Wright of Netley proposed the use of calcium chloride in cases where the coagulation time is increased. The hemorrhages in case No. II stopped in about thirty-six hours after its administration. The local application of the 5 per cent. solution of gelatin was also doubtless beneficial. Its hypodermatic administration is also probably attended with good results, but is exceedingly painful to the patient.

Now adrenalin might deserve a trial in these cases.

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## \* SUMMER DIARRHŒA AMONG CHILDREN.

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It is as useless to mention the host of synonymous terms under which this disease appears in medical writings as it is to mention the various classifications which we find made by our different writers on this subject. What interests us more is a study of the causes and treatment of this prevalent disease.

Our bacterial knowledge of the intestinal contents has not as yet been sufficiently developed as to enable us to isolate a specific micro-organism, but evidently some bacterial products, either from one or many bacterial elements, cause this disease.

We usually speak of diarrhœa being a mucous disease, and we might make it one of these classifications, but in my short experience I find cases that I diagnose and treat as diarrhœa when I do not believe any inflammation of mucous surfaces exists, simply some undigested or indigestible food, perhaps aided by some debilitated condition of the system, serving as a foreign body in the intestinal tract and by its presence causing an overflow of secretions and increase of peristalsis, giving pain and causing frequent actions from the bowels, this being nature's way of relief.

Admitting that we have at the commencement of this disorder a poisonous element involving the stomach and intestines we can easily understand why a temporary indigestion caused by overloading the organs of digestion will cause the acute form of diarrhœa, and a continued occurrence a chronic condition. Children who suffer from neglect, who are imprudently fed, and especially those infants who are artificially fed, are prone this disease in its acute form.

During the summer months we are confronted with the most favorable conditions for its development. Given high temperature and improper diet, with such incidentals as teething and milk infection, everything is against us. Ballard, Jeffries and others agree that this "is caused by some bacterial elements constantly found in the crust of the earth, in vegetables, etc., and are unavoidably taken into the intestines with food and water, and which under favorable con-

\* Read before the Clarksdale and Six Counties Medical Society.

ditions develop those ptomaines which if not hemmed in by healthy conditions give rise to a disease that physicians should have special respect for and lose no time in correcting by the best hygienic, dietetic and medicinal measures."

In acute forms nature generally tries to relieve the sufferer, either by persistent vomiting or by frequent actions from the bowels, and if seen early enough and the cause can be located it is advisable to aid the process by cleaning out the intestines with calomel in  $\frac{1}{4}$  to  $\frac{1}{2}$  grain doses followed by castor oil. Then give large doses of bismuth subnitrate or chalk mixture, together with some opiate (Tinct. Opii Camph. preferred) in sufficient doses to allay peristalsis. Discontinue all food for twelve to twenty-four hours. If the vomiting is persistent, wash out the stomach with warm water. To prevent decomposition and counteract putrefactive processes, I use Listerine, Liq. Bismuth, Glyco-Thymoline; and I think that I see good results.

I am not an advocate of the so-called bowel antiseptics and do not use them to any great extent. I endeavor to govern the fever by sponging and prescribe but few antipyretics except water. The coal tar preparations I do not use at all.

When the inflammation has reached the large intestines it is reached much better by enema. Do not depend upon the mother or some old lady to give it. After thorough evacuation, irrigation of the bowel with warm water or a weak solution of boric acid gives marked relief.

As soon as the patient is in a fair way to recover I give a restorative tonic, Tincture Nux Vomica and Fowler's Solution. To keep up the proper secretion for a few days, I give  $\frac{1}{2}$  grain of calomel at night and small doses of castor oil in the morning.

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#### \*PUERPERAL FEVER TREATED WITH MAMMOREK SERUM.

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On January 2nd. 1903, I attended Julia E. White, aged 17, in her first labor, which was normal in all respects except a condition of subinvolution persisted to a moderate degree. She had been living in a shanty boat on the river, and I advised her to seek a place for her confinement at the Kings Daughters' Home, to which she went on December 16th.

\* Read before The Clarksdale and Six Counties Medical Society.

About two weeks prior to this time a man had died at this home, in a room across a narrow hallway from the one occupied by my patient, from erysipelas following amputation of a leg. The room in which the man had died had been disinfected, but how thoroughly I am unable to say. I charged the nurse particularly not to permit my patient to enter this room, but my injunction was not heeded.

My visits after labor were daily, in the forenoon, and without incident until January 5th. when I found at

|                        |            |                |
|------------------------|------------|----------------|
| 9 a. m.,               | pulse 120, | Temp. 98.2°F., |
| 12 m.,                 | " 72,      | " 101.5°F.,    |
| 6 p. m.,               | " 70,      | " 100.5°F.,    |
| January 6th., 9 a. m., | " 120,     | " 100.5°F.,    |
| 11 a. m.,              | " 160,     | " 104.5°F.,    |

with a rigor that lasted two hours, when her pulse must have been 200, and temperature was 107°F., and I began using Marmorek Serum, 10 c.c. every four hours. After using the first case of 30 c.c., I waited about twelve hours, at which time, her temperature being 105°F., I began its use again, and when 50 c.c. in all had been given she was sweating profusely and her temperature was 100°F., and falling, and I gave no more.

At the time her temperature reached 107°F. I had her on the table for uterine examination and took a cotton swab for culture. There was not the slightest odor and upon introduction of the douche tube there was such profuse hemorrhage that I packed the uterus with gauze as quickly as possible and left it in place about twelve hours. The uterus received no other attention, but I made vaginal irrigations twice daily. There were some subsequent complications which retarded convalescence, but she walked away from the home in four weeks after labor. Culture from the swab showed streptococci and other bacteria. I regret that I did not use the serum twenty-four hours earlier and at intervals of three hours or less until I had used 60 c.c.

I am highly gratified with the results I have had with the use of Marmorek Serum, notwithstanding the generally adverse experiences of many of our ablest observers. Rosenthal of Philadelphia concluded a paper on "Clinical Results of Serum Therapy" (*Journ. A. M. A.*, Jan. 24th. 1903), with "Marmorek Serum is erratic and not to be depended on. I think the failure of the remedy should be sought in the very original streptococcus used in the make of the Serum. If this be found, and then the disease be isolated, as well as the germ, we may have the same uniformity of results as in diphtheria."

The Serum was first used by Marmorek for the streptococcus of erysipelas and the best claimed for it was its influence on most of the streptococci—not all of them—nor has this specific effect been claimed for it, over the colon bacillus or double infections, except so far as streptococci are present.

Notwithstanding these adverse reports, and good results grudgingly admitted, it is to my mind a significant fact that Dr. J. B. Murphy of Chicago should use the serum in his peritoneal infection cases.

In the *Journ. A. M. A.*, April 11th. 1903, he reports six cases, all of which recovered, and while he lays special stress on the sitting posture of his patients, it is a noteworthy fact that he used Marmorek Serum and Unguentum Crede in all the cases, showing that he has some confidence in their beneficial effects.

## ABSTRACTS AND EXTRACTS.

**Tetanus.**

Cooke (*New York Medical Journal*, Jan. 10th.) says that about twenty-two per cent. of all cases of tetanus occur in childhood, not including tetanus neonatorum. It is rare under the age of five except in cases of umbilical infection. Gower states that the second decade is the time when tetanus occurs most often in childhood.

“Regarding prognosis, Keating says: ‘The death rate is very high—so much that it is never practically possible to give a favorable prognosis.’ Of all the cases reported by Laurie, not one person under the age of fifteen years recovered. Packard, of the Pennsylvania Hospital, reported one recovery out of nine cases. Connor places the death rate, in all cases, at about eighty per cent.

“These figures are more applicable of course to the time previous to the use of an antitoxine. A note in a prominent medical journal has just come to my notice which states that the death rate in tetanus is reduced by its use from ninety per cent. to forty per cent.

“This brief collection of statistics, which excludes cases following gunshot wounds in time of war and all cases of tetanus puerperalis, tends to show that tetanus in children under five years of age, except in the newborn, is rather rare, especially in girls, and that it is extremely fatal in all classes of cases”.

La Garde, Surgeon U. S. A. (*Journal of the American Medical Association*, April 18th.) discussing “Poisoned Wounds by the Implements of Warfare”, describes a series of experiments in which he succeeded in communicating tetanus in sixty-nine and a half per cent. of cases. The experiments were conducted with a .22 toy pistol. An artificial tetanus earth was made by mixing one quart of sterile earth with one agar-agar culture, after the toxine had been destroyed by heating at 65°C. for five minutes. The animals were shot in the fleshy part of the thigh.

Transmission was obtained by powder burns, by infected wad and bullets, from infected pistol barrel, by shooting a wad through an infected piece of gauze and by placing a grain of the “tetanus earth” on the skin at the point penetrated by the charge. An attempt with smokeless powder gave one slightly positive and two negative cases. Control animals in every case gave negative results.

“The artificial tetanus earth was used to simulate the actual conditions under which tetanus infections usually occur”.

Care (*American Medicine*, March 28th.) reports the following case:

"On October 31, 1902, Mrs. J. M., while walking in her yard, stepped on a nail which penetrated her foot. A physician was called, who applied a sorbafacient and the wound healed promptly, but the foot remained sensitive and became daily more painful. The patient was now treated for rheumatism.

On November 17, I was called and found her suffering with a marked tetanic spasm of the left leg and foot, an effort to move them being followed by painful spasms. There was some induration in the sole of the foot that was more or less sensitive to pressure. On November 18, the patient was etherized and the penetrating wound made by the nail was carefully dissected out. Between the second and third metatarsal bones there was found pus, dirt, and some threads of stocking. After irrigating the wound with 1 to 500 mercuric chlorid solution it was packed with 10 per cent. iodoform gauze and the ordinary antiseptic dressing applied. I then gave her one million units of antitetanic serum and the following internal medication:

|   |    |     |
|---|----|-----|
| Potassium bromid.....                             | 5  | gm. |
| Tinct. hyoscyamus .....                           | 10 | cc. |
| Tinct. gelsemium.....                             | 3  | cc. |
| Comp. syrup sarsaparilla, sufficient to make..... | 60 | cc. |

Teaspoonful every three hours.

On November 19, at 9:45 a.m., I gave her another million units and repeated the dose again at 9:45 p.m. The next morning she was resting easier and her jaws could be moved slightly. As I could not get any serum for 24 hours, none was used until November 21 at 9:45 a.m., and again on November 22. She then seemed to be so much more comfortable that I deferred giving her any more antitoxin until the twenty-fourth. At this time the jaws were rigid and her temperature, which had not gone beyond 100.2°, reached 101°. I gave her a dose at 9:30 a.m. and repeated it again at 9:45 p.m. On November 25, I again repeated the dose, and the jaw being relaxed and the spasms less frequent, I rested the serum for a time to await developments and from this time on she continued to improve. The only untoward effect that could be said to result from the serum was the occurrence of a very severe attack of urticaria. The spasms of the muscle of the leg continued more or less severe for ten days after the last injection of the serum, but gradually relaxed, and at this time she is completely cured.

I think we can rightfully claim that the serum had a beneficial or curative action in the case, for the reason that when the serum was omitted the symptoms became aggravated until sufficient serum was used to neutralize the toxins in her system."

"Saunders (*Lancet*, March 7th.) reports a case of tetanus occurring in a man aged thirty-eight years, who had sustained a lacerated wound of the leg. The symptoms of tetanus first appeared eleven days after the reception of the wound: tetanus antitoxin (10 cubic centimeters) was given the same day, and again the next morning. But the patient grew steadily worse and died thirteen days after receiving the injury. The points of interest in connection with the case are: (1) The antitoxine apparently had no effect upon the course of the disease. (2) No premonitory symptoms were complained of before the onset of the disease on the eleventh day after the accident. (3) Although the pulse gradually increased in frequency the temperature was normal, only rising to 101.8° F. shortly before death. (4) The opisthotonus spasms were comparatively slight and unaccompanied by pain and were only noticed a few hours before death. (5) The end came quite quietly and painlessly and apparently was due to sudden heart failure. The patient was conscious to the end and could swallow his nourishment without much difficulty."

—*New York Medical Journal*.

"Dr. Vallas of Lyons, at the recent meeting of the Congress of Surgery, read a long report on the treatment of tetanus, a part of which was given in the Paris letter of the *Medical Record* of Jan. 3rd. The writer pointed out a fact which does not appear to be thoroughly recognized, namely: that the antitetanic serum is really not antitetanic but antitoxic, and that, consequently, the wound requires most energetic treatment. As a preventive, however, it is claimed that the serum is efficacious. Dr. Vallas states that whenever a wound is of a suspicious nature an injection of ten cubic centimeters should be made the first day, and the same amount the third and tenth days. In case the wound is not healed, the injection should be repeated every fifteen days.

Bacchelli's treatment of lockjaw by injection of carbolic acid has been attended with great success in Italy and elsewhere. The method consists in the injection of a two to three per cent. solution of carbolic acid. About thirty to forty centigrammes of carbolic acid should be injected daily. Injections of peroxide of hydrogen have been tried successfully on horses, as have intravenous injections of an iodide solution. It would seem that, in order to prevent an attack of tetanus, the serum should be used, while for purposes of treatment carbolic acid is a most valuable adjunct. There are those, however, who hold that carbolic acid is almost a specific in lockjaw, and the wonderful results reported from Italy from the administration of this antiseptic would almost make one believe that such is the case. On the other hand, it is asserted that tetanus is less deadly in Italy than in many

other lands. Further investigation is needed before a strict line of treatment can be laid down, but in the meantime the weight of evidence shows that carbolic acid is a factor of much importance in the treatment of lockjaw."—*Medical Record*, Jan. 17th.

Luckett (*Medical News*, April 18th.) says that the subcutaneous injection of the antitetanic serum in two hundred and ninety cases collected by Mosehcowitz gave a mortality of 40.33 per cent. Of forty-eight cases treated by the intracerebral method, collected by the same author, there was a mortality of 52.08 per cent. "This very high mortality is, no doubt, due in part to our rather limited knowledge of the pathological anatomy, and particularly of the pathogenesis of tetanus".

The most generally accepted view at present points to the motor ganglia of the anterior horns of the spinal cord as being the seat of origin for the tetanic contractions. Stintzing holds that the cerebro-spinal fluid contains a much more active and concentrated toxin than does the blood. He believes that the tetanus bacillus produces toxins at the seat of infection and that these toxins produce their effect primarily at the point of entrance into the cord.

Blumenthal and Jacobs endeavored, experimentally, to bring the serum into more intimate contact with the primarily affected parts and the toxins. They experimented upon tetanized goats, all of which died, the failure probably being due to the small subarachnoid spaces in goats, consequent small amount of fluid, and therefore slow endosmosis. Jacob later reported two cases cured by the injection of the tetanus antitoxin into the spinal subarachnoid space.

"Accepting this as the present view of the pathogenesis of tetanus, and that the spinal fluid contains more highly active toxins than does the blood, then, by ratiocination, we conclude that the spinal subarachnoid injections of the tetanic antitoxin, preceded by the withdrawal of the active and highly toxic spinal fluid is indisputably the rational treatment of tetanus."

He reports two cases treated by this method, and concludes as follows:

"2. Given a wound infected with tetanus, I am by no means positive that the anatomical seat of the wound does not play an important role in the production of the constitutional symptoms of tetanus, for, again accepting the present view of the pathogenesis of tetanus, any wound infected with tetanus near a large nerve will be more likely followed by constitutional effects of the infection than a wound anatomically remotely removed from the seat of a large nerve. It is possible, therefore, that the space in the palm of the hand, between the first and second metacarpal bone, is a favorable

point for an infection of tetanus to produce constitutional effects, because the median nerve in the hand becomes flattened out and much larger at this point; it therefore offers an increased surface with greater facilities for gathering and conveying the toxins to the cord.

"3. While I recognize the absurdity in trying to draw conclusions from two cases, the reaction after each injection was so prompt, and improvement so positive, and followed by final cure in both grave cases, that I am constrained to state that I believe in the spinal subarachnoid injection of the tetanus antitoxin, preceded by the withdrawal of the active, concentrated, highly toxic spinal fluid, supplemented by nutrition and proper care of wound, we have at least the promise of a method of treatment of tetanus by which we can offer more hope in this fatal and rightly most dreaded disease than we have been able to, heretofore."

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## THERAPEUTICS.

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"For Tetanus in Children.—*Progres medical* for February 7th. ascribes the following to Berenyi:

R Sulphonal.....0.20 grammes (3 grains);  
Yolk of Egg.....No. 1;  
Warm water.....30 grammes (1 ounce).

M. Sig: For a rectal injection.

The following is attributed to Comby:

R Potassium Bromide } of each 3 grammes (45 grains);  
Chloral Hydrate }  
Syrup of Orange Flowers.....30 grammes (1 ounce).  
Tilia Water .....100 grammes ( $3\frac{1}{2}$  ounces).

M. ft. mist. A tablespoonful every two hours".

Tetanus wounds should be carefully cleansed with iodine trichloride (1 per cent.), or Gram's or Lugol's solutions, carbolic solutions (1½ per cent.), cresol (1 per cent.), or formalin (1 to 2 per cent.). Deep incisions should be made to make sure that no dirt or foreign bodies are retained, as has been too often the case. We should aim at speedy elimination of the poison, and by the administration of physiological and chemical antidotes render the poison inert, and encourage kidney action by the free use of water. The best physiological antidote is chloral. Many cases of tetanus could be avoided by preventive doses of antitoxic serum (10 cubic centimeters) in wounded persons where tetanus might be expected to follow injury. In the records of fifty-two cases treated by intracerebral injections there was a mortality of over sixty-three per cent.—*Medical News*.

**MISSISSIPPI STATE MEDICAL ASSOCIATION.****APPOINTMENTS.**

The president, Dr. C. D. Mitchell of Pontotoc, has made the following appointments for the coming year:

**STANDING COMMITTEES:**

**SCIENTIFIC WORK** :—J. J. Haralson of Forest, H. A. Gant of Jackson, E. H. Martin of Clarksdale.

**PUBLIC POLICY AND LEGISLATION** :—C. D. Mitchell of Pontotoc, J. J. Haralson of Forest, O. B. Quin of McComb, W. G. Kiger of Brunswick.

**PUBLICATION** :—J. J. Haralson of Forest, J. R. Tackett of Meridian, H. H. Haralson of Vicksburg.

**ARRANGEMENT** :—B. L. Culley, Julius Crisler, S. H. McLean, E. H. Galloway, Nolan Stewart.

**NECROLOGY** :—H. Christmas of Tehula, M. J. Lowry of Meridian, S. N. Walker of Baldwin, E. C. Coleman of Kosciusko, W. H. Barr of Starkville.

**CHAIRMEN OF SECTIONS:**

|                            |                              |
|----------------------------|------------------------------|
| General Medicine .....     | J. B. McElroy, Stovall.      |
| Hygiene .....              | H. A. Gant, Jackson.         |
| Surgery .....              | J. T. Berry, Brandon.        |
| Obstetrics .....           | B. L. Culley, Jackson.       |
| Gynecology .....           | W. W. Crawford, Hattiesburg. |
| Diseases of Children ..... | J. W. Lipscomb, Columbus.    |
| Materia Medica .....       | J. M. Alford, Ellisville.    |
| Bacteriology .....         | Geo. P. Hamilton, Aberdeen.  |
| Nervous Diseases .....     | W. D. Hubbard, West Point.   |
| Dermatology .....          | H. S. Gully, Meridian.       |
| Venereal Diseases .....    | E. F. Howard, Vicksburg.     |

**SOCIETY PROCEEDINGS.****CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY.****STATED MEETING, JUNE 10TH.**

The Society met at Clarksdale, June 10th., with an unusually good attendance, holding afternoon and evening sessions.

Papers we read by Drs. R. H. Speck of Hushpuckena, Richmond McKinney of Memphis, J. B. McElroy of Stovall, H. L. Sutherland of Rosedale, E. Forrest Hayden of Shaw and F. M. Brougher of Belen.

**JACKSON COUNTY MEDICAL SOCIETY.****CALLED MEETING, JUNE 6TH.**

In response to a call of the physicians of Jackson County to organize a County Society, Drs. B. F. Duke, W. R. Kell, L. S. Anderson, J. T. Evans, and J. N. Rape met in Scranton and partially organized by electing Dr. Duke president and Dr. Rape secretary and treasurer.

A committee consisting of Drs. Rape, Anderson and Kell was appointed to examine the constitution and by-laws suggested for county societies by the American Medical Association and report at the next meeting.

Adjournment was then taken until the 10th. inst.

**ADJOURNED MEETING, JUNE 10TH.**

The society was called to order by President Duke, who stated the object of the meeting.

Members present: L. S. Anderson, O. L. Bailey, J. H. Bickerstaff, W. A. Cox, J. T. Evans, J. A. Tabor, W. R. Thompson and J. N. Rape.

The committee on constitution and by-laws recommended the adoption of the suggestions of the American Medical Association, the constitution and by-laws provided by which being adopted with the exception that membership is restricted to white physicians and the whole section of the by-laws referring to the regulation of fees is stricken out.

The following Board of Censors was elected: for one year—O. L. Bailey; for two years—L. S. Anderson; for three years—J. T. Evans.

Drs. H. Shannon, J. H. Bickerstaff and J. A. Tabor were appointed a committee on Public Health and Legislation.

On motion of Dr. Bailey, the Society adopted as its official organ the *Mississippi Medical Record*.

Drs. L. L. Anderson and J. A. Tabor were appointed to prepare papers for the next meeting, which will be held in Ocean Springs, July 8th. at 6.30 P. M.

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#### “PUBLISHERS’ ANNOUNCEMENT.

It is with very great satisfaction that the publishers announce the consolidation of the *New York Medical Journal* and the *Philadelphia Medical Journal*. This is in line with the most conspicuous tendency of the present time in the conduct of great enterprises—that of amalgamation. Harmonious constituents bound together by unity of management, and sustained in their combination by concentration of resources, form a whole which is vastly more powerful than any one of its elements alone. From their inception both journals have been governed by the same policy; they have both worked for the best interests of the medical profession and of humanity, regardless of commercial considerations. Each journal has had a very wide circle of readers composed of the best elements of the profession, and each, we believe, has exerted a strong influence for the betterment of medicine. Issued as a unit from this date, the amalgamated journals will enjoy all the advantages of a centralized and economical management, which cannot but give them still greater strength and usefulness. Whatever features in each journal were specially appreciated by its readers will be continued, and no effort will be spared to institute such new ones as experience, coupled with constant observation of the profession’s needs, may indicate as being called for. The general offices and editorial rooms will remain at No. 66 West Broadway, New York, with branch offices in Philadelphia and Chicago.”

—*New York Medical Journal*.

## EDITORIAL.

E. F. HOWARD B.S., M.D.  
Editor

### COLLABORATORS

H. L. SUTHERLAND M.D.,  
Rosedale.

R. A. QUIN M.D.,  
Vicksburg.

W. M. PAINE M.D.,  
Aberdeen.

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Official Organ of the Clarksdale and Six Counties Medical Society and the Jackson County Medical Society.

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With the near approach of the "glorious Fourth" with its ear-splitting notes of patriotism, we call the attention of our readers to the not uncommon occurrence of tetanus in wounds caused by the toy firearms that are at once the joy of the small boy and a source of worry to his parents. Dr. LaGarde, an abstract from whose article in the *Journal of the American Medical Association* we publish in this issue, has demonstrated that tetanus is conveyed not only by infected powder and wads but by wounding the skin on which the bacillus is temporarily residing or which is covered by an infected garment. It is not, then, a cause for wonder when we find tetanus developing in the small boy who has enjoyed his holiday outdoors, and who in so doing has accumulated real estate from every street in the town with that utter disregard for personal appearances and hygienic requirements that is so characteristic of the healthy male youth, when he has succeeded in amputating a finger by placing it over the muzzle of a pistol that "he didn't know was loaded", or has dropped a match into a can of powder and then looked into it to see why it didn't go off, or has held a "giant cracker" in his hand while his chum, unobserved by the victim, applied the light.

It has been often observed in the larger cities that outbreaks of tetanus occur early in July, and this has happened so repeatedly that we are beginning to look upon "Fourth of July Tetanus" in such places as a matter of course. But though we see comparatively little of this distressing malady in our rural districts it does not do for us to forget that the

bacillus of Nicolaier is just as deadly with us as elsewhere—proportionately more so, in fact, since in the country we cannot always lay our hands promptly on the antitetanic serum. It behooves us, therefore, in the treatment of minor accidents, to note the locality where such accident occurred and the condition of the patient as to cleanliness. This having been done, if there is reason to suspect the possibility of the bacillus being present the necessary course is plain. Remembering that the bacillus is facultative anaerobic and that it “remains near the wound of infection” (Wyeth) it is evident that vigorous cleansing of the seat of the injury may be of valuable service. It may not be possible for us to take advantage of the prophylactic features of serum, but there can hardly be a condition under which we cannot get soap and water and a few drops of peroxide of hydrogen or carbolic acid.

On another page of this issue will be found the appointments of committees and section chairmen made by President Mitchell. It is to be hoped that these gentlemen will lose no time in getting to work, and the faithful work done by their predecessors should be some guaranty that such will be the case. But the individual members should remember that committees and chairmen cannot make a successful meeting. The rank and file are alike necessary and it should be the endeavor of each and every member to make each meeting superior to its predecessor. When we say this we by no means offer unfavorable comment on the meetings of the past. It is the duty of every physician, of every man, to endeavor that his work tomorrow shall be better than that of today. The man, no matter what his calling, who is content to remain always in the same plane, soon finds himself in a groove that grows rapidly narrower and shallower. The medical profession of this State is by no means in such a condition. We have our full share of broad-minded, able men. But though they do their individual work well, many of them from a feeling either of indifference or modesty hold back and are averse to expressing themselves in public. This is not as it should be. The older men can aid the younger by reason of their large experience while they, in turn, can often derive material advantage from the superior skill in details that in their own college days were unknown.

There is really no reason that the number of papers presented to the association should not be doubled. There can be very few physicians who in the course of twelve months do not do some work or see some case worthy of report. Ten minutes a day will keep the notes. An hour on some slack day will do to formulate them. Then, a month or so later, a few minutes will serve to give the finishing touches and that revision that is only possible in the clearer light of after-reflection. It may not seem worth while to the writer, but it will encourage others and it may contain some point that will help a brother practitioner even to the saving of a life. Is not this worth while?

---

We have the pleasure of announcing officially the organization of the Jackson County Medical Society, which took place at Scranton, June 6th. Under the leadership of such gentlemen as Drs. Duke, Evans and Rape, the physicians of Jackson County should not only have enjoyable meetings but should do excellent work. We offer to the Society the famous toast of the celebrated *Rip*: "Here's to your good health and your family; may they all live long and prosper."

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## BOOK REVIEWS.

**The Medical and Surgical Uses of Electricity**, including the X-Ray, Finsen Light, Vibratory Therapeutics and High Frequency Currents, by A. D. Rockwell A.M., M.D. E. B. Treat & Co., New York.

This is a new work under the familiar title of the book that, by Beard and Rockwell, has run eight editions. Dr. Rockwell has thoroughly revised and practically rewritten it, and added such new matter as was needed to bring it fully up to date. As previous editions of "Beard and Rockwell" have been to the medical profession of the past twenty years, so will this book be to that of to-day, and of the future until the next epoch-marking book arrives.

The completeness of the section on Electro-Physics is of inestimable advantage to the beginner, who will find there the material for a thorough grounding on the principles of electricity. A chapter is devoted to Ohm's law, that basis of electrical measurement so indispensable to the worker in electro-therapeutics, and there is given a thorough description of the various forms of electricity with the methods of their production, so clearly put as to bring it within the reach of all.

The section on Electro-Physiology is complete in every

detail. The action of electricity on the brain and spinal cord and on the nervous system, muscles and blood is fully taught and an exceedingly interesting chapter is devoted to its effect on nutrition.

Under the head of Electro-Therapeutics is given the general therapeutic action of electricity and general suggestions regarding its use, its dosage and the indications *pro* and *con*. The various forms of apparatus are described and, finally, various diseases in which the use of electricity has proved of value are discussed and its methods of administration and action in them described. Of not dissimilar style is the section on Electro-Surgery, though necessarily less discursive, and the book concludes with three chapters on the X-Ray and one each on the Finsen Light, Vibratory Therapeutics and High Frequency Currents.

No expense has been spared on the presswork and the publishers have turned out a handsome, profusely illustrated volume worthy of the subject matter it contains.

**A System of Physiological Therapeutics.** A Practical Exposition of the Methods, Other Than Drug Giving, Useful for the Prevention of Disease and in the Treatment of the Sick—edited by Solomon Solis Cohen A.M., M.D. Vol. X—Pneumotherapy, including Aerotherapy and Inhalation Methods and Therapy, by Dr. Paul Louis Tissier. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The aim of this system being to have each therapeutic method described by one whose training and experience have best fitted him for the task, a French clinician has been chosen as the author of this work. That this choice has been a good one is amply proven by the masterly manner in which the subject is handled and the clearness and attention to detail that is a characteristic of the work. The book could not have been written by one not thoroughly familiar with the subject in all its phases.

Pneumotherapy is a comparatively new field to a large majority of physicians, a fact that renders the complete and minute description of the various methods by no means unnecessary. The work of various experimenters is given in detail and where their results are not in accord an explanation of the diverse conditions under which they were attained is made.

The first part of the book gives an exhaustive description of the use of air as a therapeutic agent, whether under normal conditions or modified in composition and temperature, together with the various methods and appliances and the indications and contraindications for their application. This is followed by a description of inhalation methods, being the use by inhalation of various medicaments—gases, fumes, vapors, nebulized liquids and powders. Especially interesting is that of Inhalation of Mineral Waters at their Source.

A careful study of this latter portion of the book will make very evident the fact that while complicated and ex-

pensive apparatus may be a convenience, yet a little consideration plus some mechanical ingenuity will bring us within reach of many valuable methods heretofore but little considered.

**International Clinics.**—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. J. B. Lippincott Company, Philadelphia.

The first volume of the 13th. series of this well known and deservedly popular publication is even more attractive than its predecessors. Of special interest and value is the addition of a department on Progress of Medicine, giving briefly an outline of last year's work. This is conveniently divided into Medicine, Therapeutics and Surgery, and while necessarily too brief for great use as reference will be of inestimable value as an index to practitioners and writers as well as to those who lack a guide for deeper research.

A well illustrated article describing the Nauheim Methods in Chronic Heart Disease with American Adaptations, by Dr. Satterthwaite, will be read with interest by all into whose hands the book may come, while the contributions by Drs. Osler and Billings and the clinical reports of Surgeons Senn and Keen cannot fail to attract attention.

It is of interest to note that material changes have been made in the editorial staff. With the collaboration of such men as Osler, Murphy, Musser, Rotch and Walsh, in this country, and others equally well known abroad, Dr. Kelly should have an unusually successful and pleasant editorship.

**The Practical Medicine Series of Year Books**, comprising ten volumes on the year's progress in medicine and surgery, under the general editorial charge of G. P. Head M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. V. Obstetrics—edited by Reuben Paterson A.B., M.D., Professor of Obstetrics and Gynecology, University of Michigan. The Year Book Publishers, 40 Dearborn St., Chicago. Price of Series \$7.50, price Vol. V. \$1.25.

With each issue of this series we are coming more and more to look forward with pleasure to the next, confident that each will bear out the high standard set by its predecessors, and with each we are gratified to find that our anticipations are realized.

Obstetrics being a most important part of the work of the general practitioner, the practical suggestions here given will be of inestimable value. The four sections—Pregnancy, Labor, the Puerperium and Obstetric Surgery—cover well the literature of the subject, the first occupying more than half of the book and containing many suggestions. From its unusually well selected articles and admirable arrangement, this volume is undoubtedly the most satisfactory of the series so far published.

**OBITUARY.**

Dr. J. N. D. Shinkle died suddenly at his home in Friars Point, May 26th. This able physician and pleasant gentleman was graduated from Rush Medical College in 1885. He was a member of the State Association and of the American Medical Association. He was Vice-president of the International Association of Railway Surgeons in 1889-1890 and at the time of his death was a member of the State Board of Health.

Dr. Charles T. Hudson of Yazoo City, a graduate of Tulane University, New Orleans, class of 1882, died at his home, May 21st., after a short illness.

Dr. E. A. Riggs of Biloxi, a Tulane graduate, class of 1898, died in New Orleans, May 28th., from consumption, in the forty-third year of his age.

**MORTUARY REPORT OF VICKSBURG.**

(Computed from the monthly report of the City Physician)  
FOR MAY, 1903.

| CAUSE                                       | WHITE |        | COLORED |        | TOTAL |
|---|-------|--------|---------|--------|-------|
|   | Male  | Female | Male    | Female |       |
| Arterio Sclerosis.....                      | 1     |        |         |        | 1     |
| Bronchitis.....                             |       |        |         | 1      | 1     |
| Cholera Infantum.....                       |       |        |         | 1      | 1     |
| Enteric Colitis.....                        | 1     | 1      | 1       |        | 3     |
| Heart. Valvular Disease (Unclassified)..... |       | 1      |         |        | 1     |
| Inanition.....                              |       |        | 1       |        | 1     |
| Meningitis.....                             | 1     |        |         | 1      | 2     |
| Membranous Croup.....                       |       | 1      |         |        | 1     |
| Malarial Fever (Unclassified).....          |       |        | 1       |        | 1     |
| Marasmus.....                               | 1     |        |         |        | 1     |
| Peritonitis.....                            | 1     |        |         |        | 1     |
| Paralysis.....                              |       |        |         | 2      | 2     |
| Pneumonia.....                              |       |        | 1       |        | 1     |
| Phtisis Pulmonalis.....                     |       |        | 1       | 2      | 4     |
| Senility.....                               |       |        | 1       | 1      | 2     |
| Uraemia.....                                | 2     |        |         |        | 2     |
| Lymphangitis, Chronic.....                  | 1     |        |         |        | 1     |
| Cause not given.....                        |       |        | 4       | 1      | 5     |
|   | 5     | 7      | 11      | 8      | 31    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

## MEDICAL NEWS AND MISCELLANY.

## The New Licentiates.

The following is the list of applicants who passed successful examinations before the State Board of Health May 12th. and 13th. for license to practice medicine in Mississippi:

|  |   |
|--|---|
| Albert P. Alexander.....Marietta.....      | Graduate....Memphis Hosp. Med. Coll.                        |
| Eddie G. Abernathy.....Goodford.....       | Non- Grad...Univ. of the South.                             |
| Thomas D. Allen.....Carrolton .....        | Non- Grad...Memphis Hosp. Med. Coll.                        |
| Matt. C. Armstrong.....Arm .....           | Non- Grad...Tulane.   |
| Charles M. Anderson.....Loves Station..... | Graduate....Memphis Hosp. Med. Coll.                        |
| Mace Hudson Bell.....Vicksburg .....       | Graduate....Memphis Hosp. Med. Coll.                        |
| Charles G. Bell.....Columbus.....          | Graduate....Vanderbilt.                                     |
| William G. Byrd.....McCarly.....           | Graduate....Vanderbilt.                                     |
| Elijah C. Bills.....Baldwyn.....           | Non- Grad...Univ. of Nashville.                             |
| Henry M. Burnham.....Harperville.....      | Graduate....Tulane.   |
| Columbus O. Burns.....Ora.....             | Non- Grad...Memphis Hosp. Med. Coll.                        |
| James L. Burroughs.....Louisville .....    | Graduate....Maryland Medical Univ.                          |
| William R. Card jr.....Meridian .....      | Graduate....Louisville Medical Coll.                        |
| James M. Carter.....Helena, Ark.....       | Graduate....Univ. of the South.                             |
| Oliver F. Carr.....Pontotoc.....           | Graduate... Univ. of the South.                             |
| Ralph J. Criss.....Yalabusha.....          | Non- Grad...Univ. of Nashville.                             |
| Edgar D. Draft.....Ellisville.....         | Non- Grad...Tulane.   |
| Winfield W. Cox.....Beatrice. ....         | Non- Grad...Memphis Hosp. Med. Coll.                        |
| Henry S. Capps.....Lyman.....              | Graduate....Univ. of Louisville.                            |
| R. B. Chisholm.....Summit.....             | Graduate....Tulane.   |
| Inman W. Cooper.....Newton .....           | Graduate....Univ. of Tennessee.                             |
| Eleazar J. Cowart.....Silver Creek.....    | Non- Grad...Memphis Hosp. Med. Coll.                        |
| B. Lampton Crawford.....Hattiesburg.....   | Non- Grad...Tulane.   |
| Sara Allen Castle.....Meridian .....       | Graduate....Woman's Med. Coll., 1900,<br>and Cornell, 1901. |
| Robert M. Donald.....Inverness.....        | Non- Grad...Memphis Hosp. Med. Coll.                        |
| James R. Dodson.....Palona .....           | Non- Grad...Memphis Hosp. Med. Coll.                        |
| John S. Ewing.....Harriston.....           | Non- Grad...Tulane.   |
| Louis W. Finch.....Walthall .....          | Graduate....Memphis Hosp. Med. Coll.                        |
| James H. Fox.....Bovina.....               | Graduate....Memphis Hosp. Med. Coll.                        |
| Walter P. Gray.....Waynesboro.....         | Non- Grad...Tulane.   |
| Geo. W. Googe.....Fulton.....              | Non- Grad...Univ. of Kentucky.                              |
| Minor S. Gray.....Holly Springs.....       | Non- Grad...Memphis Hosp. Med. Coll.                        |
| William S. Guyton.....Joseph.....          | Non- Grad...Tulane.   |
| John D. Green.....Amory .....              | Non- Grad...Univ. of Kentucky.                              |
| John A. Harris.....Houlka. ....            | Non- Grad...Univ. of Nashville.                             |
| James R. Hill.....Hinkle .....             | Graduate....Memphis Hosp. Med. Coll.                        |
| Jno. T. Hosey.....Vernon .....             | Graduate....Memphis Hosp. Med. Coll.                        |
| Jno. A. Hardin.....Hopewell.....           | Graduate....Memphis Hosp. Med. Coll.                        |
| L. C. Herrington.....Spencer.....          | Non- Grad...Memphis Hosp. Med. Coll.                        |
| Chas. H. Holman.....Hemingway.....         | Graduate....Memphis Hosp. Med. Coll.                        |

Geo. W. Hays.....Rockport.....Non- Grad...Univ. of Nashville.  
 Edward J. Kevlin.....Algiers, La.....Non- Grad...Tulane.  
 Albert E. Kennedy...Hubbardtown.....Graduate....Univ. of Tennessee.  
 Jno. S. Laird.....Riversville.....Non- Grad...Louisville Medical Coll.  
 William L. Leake.....Collierville, Tenn...Graduate....Memphis Hosp. Med. Coll.  
 Wm. H. Lovejoy.....Vicksburg.....Graduate....Louisville Medical Coll.  
 Henry H. Mason.....Butler.....Graduate....Medical Coll. of Alabama.  
 Chas. P. Mosby.....Meridian .....Non- Grad...Hosp. Med. Coll. Louisv.  
 Ferdinand Malone.....Calleville, Tenn....Graduate....Memphis Hosp. Med. Coll.  
 Thornton A. Moore...Mahon .....Graduate....Memphis Hosp. Med. Coll.  
 Benj. F. McNeal.....Jefferson .....Non- Grad...Univ. of Nashville.  
 Chas. B. McCown.....Shannon .....Graduate....Memphis Hosp. Med. Coll.  
 Jas. A. McCoy.....Morton.....Non- Grad...Memphis Hosp. Med. Coll.  
 Jno. H. McBee jr.....Lexington.....Graduate....Tulane.  
 Luther P. Newsom....Columbia .....Graduate....Louisville Medical Coll.  
 A. Clifton Norman...Cato .....Graduate....Memphis Hosp. Med. Coll.  
 Marcus L. Nance jr...Ripley .....Non- Grad...Univ. of Nashville.  
 Andrew K. Naugle...Caradine.....Non- Grad...Univ. of Nashville.  
 Jos. B. Patrick.....Moseley .....Non- Grad...Kentucky University.  
 Clifford P. Perkins...Batesville.....Graduate....Louisville Medical Coll.  
 Jas. R. Priest.....Troy.....Graduate....Memphis Hosp. Med. Coll.  
 Joe R. Perry.....Edinburg .....Non- Grad...Tulane.  
 Harry P. Reid.....Friar's Point.....Graduate....Tulane.  
 Samuel L. Rowan....Wesson .....Non- Grad...Vanderbilt.  
 Edward S. Rauch ....Edwards .....Non- Grad...Tulane.  
 Samuel D. Robinson..Pisgah .....Non- Grad...Memphis Hosp. Med. Coll.  
 Alvin E. Reed.....Kenago .....Non- Grad...Univ. of Nashville.  
 Alvin F. Richardson...Memphis, Tenn....Graduate....Memphis Hosp. Med. Coll.  
 Ernest A. Sigrest ....Flora.....Non- Grad...Tulane.  
 Stanford W. Scott....Black Hawk.....Graduate....Tulane.  
 Samuel P. Shelton....Vicksburg.....Graduate....Memphis Hosp. Med. Coll.  
 Thos. H. Seay.....Wesson .....Non- Grad...Univ. of Nashville.  
 Daniel B. Stevenson..Nicholson .....Non- Grad...Tulane.  
 Doyle Seward.....Ackerman .....Non- Grad...Tulane.  
 Armon L. Thompson..Seminary .....Graduate....University of Nashville.  
 Sherrod R. Towns....Brookhaven.....Non- Grad...Vanderbilt.  
 J. M. Townsend.....Harperville.....Non- Grad...Memphis Hosp. Med. Coll.  
 Chas. C. Thompson...Hattiesburg.....Non- Grad...Tulane.  
 Hubbard C. Wait.....Walton .....Graduate....Memphis Hosp. Med. Coll.  
 M. F. Wilson.....Sardis.....Graduate....Tulane.  
 Wm. H. Weeks.....Tomnolen.....Graduate....Memphis Hosp. Med. Coll.  
 Thos. P. Ware.....Braxton.....Graduate....Memphis Hosp. Med. Coll.  
 Neil B. Wood.....Wood.....Graduate....Univ. of Virginia.  
 Chas. A. Ziegler.....Hattiesburg.....Graduate....Univ. of Nashville.

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Dr. W. I. King, formerly of McCool, is now practising at Pansy.

# *Mississippi Medical Record.*

VOL. VII.]      AUGUST 1903.      [NO. 8.

## SPECIAL ARTICLE.

**AN ADDRESS DELIVERED IN VICKSBURG, MISSISSIPPI, ON  
APRIL 15th, 1903, BEFORE THE MISSISSIPPI DEPARTMENT  
OF PUBLIC HEALTH.**

C. KENDRICK M. D., PRESIDENT.

KENDRICK, MISS.

*Gentlemen of the Mississippi Department of Public Health:*

Inasmuch as there is to be no meeting of the legislature until next winter the executive committee of the Mississippi Department of Public Health could do very little during the past year. However, we have done what we could in trying to arouse an interest among the physicians of the state. This want of interest is in my opinion the greatest drawback in getting such legislation as we need. It required a great deal of hard work to get the law creating the Mississippi Department of Public Health. After a long, hard fight in the legislature the bill creating it was passed, but the governor held it many months before signing it. It was the very best law that could be passed at the time, and it was thought that future legislatures would perfect it. As the bill was not signed in time for us to organize at the meeting in Vicksburg in 1896, as the bill provided, the legislature had to pass a special act authorizing the organization two years later. Three different sessions of the state medical association approved the bill. One session asked the governor to sign it after it had passed both houses of the legislature. It is very true that the law is to a great extent a dead letter, but no one knows this better than its friends who were in the legislature when it passed. But the same was true of the first law in this state creating the board of health. There was no money appropriated to carry out its provisions. In October 1901, the president, Dr. S. R. Dunn, called a meeting of the executive committee in Jackson, and a bill was agreed on looking towards an improvement in the law. Several members of the state board of health were present, and other prominent physicians of the state, and all approved the bill. We then visited the governor and asked him to give the

legislature power to act on the bill, as it was a special session and the legislature could do nothing without a special message on the subject from the governor. This bill did not attempt to perfect the law, but only to take another step in that direction. The legislature having made liberal appropriations to almost everything else, we hoped it would grant the little we asked. But we were disappointed. The bill passed the senate with very little opposition, but was defeated in the house. It provided that the board of health should appoint one physician from each supervisor's district whose duty it would be to meet at the county seat and organize with the county health officer as chairman; and arrange to take the mortuary and vital statistics. The bill also provided that the physicians so appointed should receive five dollars per day for their services; and the salary could not have been more than twenty dollars per year. Doubtless there are not a score of physicians in the state who would accept the duty if the pay were all the consideration. But I have no doubt this was the cause of the defeat of the bill. There are very few if any except physicians who have any idea of the importance of this work. The amount of money it would save the state, not to mention the lives that might be saved, is beyond computation. In a few years the publication of such statistics would cause more money to be invested in the state than almost any other act the legislature could pass. Thousands of people would move here and invest money in various enterprises that are needed in the state, if they understood that Mississippi is as healthful a state as it really is. But many who would like to come are deterred by an idea that we have yellow fever and other malignant diseases at all seasons of the year. They think that if they were to live here a few months they would run great risk of dying. To my certain knowledge there are persons living in the north who are afraid to visit their relatives here, believing health and life would be in great danger. If we had a system of reporting mortuary and vital statistics, such as this bill provided, we could readily disabuse their minds, and increase largely the taxable property of the state. But this is by no means the only reason we should do this work. There is no information we could get that would give us greater power in preventing epidemics and the spreading of infectious and contagious diseases. There is nothing I can imagine which would give us more aid in preventing the death rate from that most terrible of all diseases, consumption, now sometimes called the white death. The same is true of other dangerous diseases, and all contagious diseases could be more easily controlled. When the overflow comes in the great father of waters those in charge of the levees watch night and day to strengthen the weak places. So it would be with

the physician treating disease if we had this system or some other that would be efficient. The health officers and others would know better how to watch and work. But I assume that no argument is needed before a body of intelligent physicians. Let us make one more effort and see if the next legislature will not do something on this important subject. But if we succeed we must work. Let us stand firm in one solid phalanx and demand of the candidates for the legislature that they give us what we ask. Let every doctor in the state be informed of what we are trying to do; and in my opinion very few will fail to respond. Notwithstanding the legislature failed to give us needed legislation on this subject, I am proud that Mississippi is among the first to create a department of public health, even if there is no money appropriated to carry out its provisions. The time will come when every state will have a department of health which will be regarded by all as equally important as other departments of state. Not only this, but in the near future the national government will have a department of health with a secretary of medicine or public health, just as we now have other members of the cabinet. Only a short time ago the department of commerce was created, and only a few years ago the department of agriculture. All that is necessary to do to get a national department of health is for physicians to go to work for it, and show that it is necessary. I think medical associations everywhere should agitate the subject, and call on their representatives in congress to work for it. If we would all do this it would be but a short time 'till the national congress would pass the law.

We should have in our state a competent microscopist whose salary should be paid by the state; and it should be his duty to examine free of cost all specimens sent him by the health officers and boards of health of all the towns and counties of the state. It should be his duty also to examine for a small fee all specimens sent him by the physicians of the state. By this means many lives might be saved and many epidemics made less horrible and deadly if not altogether prevented. Very few physicians in the state are prepared to do microscopic work; and if they were, very few would have the time to spare from active practice to give it the necessary attention. This in my opinion is a brief outline of the work of the Mississippi Department of Public Health to which we should confine ourselves at present, and this will in no way interfere with the work of the board of health. It is a work in which all physicians are interested and, if I am not very much mistaken, all will favor it when they have considered it. If the bill proposed by the executive committee in 1901 can be improved, by all means let us have the best. But we must remember it is not just what we want,

but what is the best we can get? We are wedded to no particular plan or theory, but will gladly do what we can for what the majority think best. Our plan, whatever it may be, must be arranged as far as possible to meet the objections of legislators who are afraid of losing a vote if they do anything the doctors ask for. Let us endeavor to show them that it will be to the interest of all the people of the state. If the doctors in every county will make it an issue with the candidates for the legislature there will be no doubt about the bill passing. We should show the candidates that we have some influence in politics as well as in medical matters.

I would suggest also, that section three of the original law be amended, as that section requires us to meet every year at the capital, and that section should be changed so we can meet with the association no matter where it may meet. But this is a matter of no great importance.

There is another matter to which I would like to call attention, though it does not strictly come under this department. The supreme court recently decided in the case of Hayden vs. Alcorn county, that the practice of Osteopathy does not come under the definition of the practice of medicine. In other words it means that the osteopath can practice on the sick, and charge for it, without a license from the state board of health. To my untrained mind the ways of courts are past finding out. I know it was the purpose of the framers of the law to regulate the practice of medicine to prevent just such practice as this by men who are not qualified to practice medicine. There is not a physician in the state who would object to the practice of osteopathy by any one who has a license to practice medicine. There is no good reason why this class should be thus favored. Let the physicians everywhere see to it that the candidates for the legislature are informed on this subject, and if they will not vote to place them on the same plane with physicians let us show them that doctors count something in elections. In many counties in the state the physicians can control enough votes to elect men who will do what is right on this subject. Mississippi has great credit, and I think deservedly so, for her laws relating to the practice of medicine among the physicians of some of the older and more wealthy states: and if we can have the law so amended as to require osteopaths to have license before engaging in the practice of their profession we will have added new lustre to our state. If we succeed we must work—labor in season and out of season, and if necessary spend some money in order that all the physicians of the state may understand what we are doing, and aid us in the good work.

## ORIGINAL CONTRIBUTIONS.

## \* REPORT OF A CASE OF SOCALLED SPORADIC SCARLATINA.

FRED M. BROUGHER M. D.,  
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The Case: Fred B., son of writer, aged 8 years, felt bad Wednesday, Thursday did not attend school, that night got up, and the mother reports he vomited and slept again. Friday: the mother, I being away from home, sent for Dr. Johnson, who gave a calomel purge. Saturday: patient awoke and called his mother to show her a "breaking out" on skin. Dr. Johnson called early in the morning and took the case under advisement. On Sunday morning the mother, who had also consulted "the books," Tuttle and others, advanced the diagnosis of Scarlet Fever. I had returned Saturday afternoon late, and having never seen Scarlatina left the question of diagnosis to Dr. Johnson, but of course I took charge of the nursing of the patient. I also began an exhaustive review of all available writers, of whom we had a goodly number.

Dr. Clark, our third consultant and County Health Officer, was incredulous as to the disease being Scarlatina, because we could find no known source of infection, and thereby hangs my question—what was it, and how could it be Scarlatina? Osler's Practice, Holt on Diseases of Childhood, Taylor and Wells, and Sajou's Encyclopaedia, all agree substantially in the following group of symptoms which appeared in due course. Rapid rise of fever to 103° F. to 104° F., with pulse 140 to 150. Eruption on about second day, white furred tongue at first with elevated papillae, dotted about and appearing through the white coat, then the disappearance of coat, followed by the "strawberry" or "raspberry" appearance of tongue during the remainder of disease. The cervico-lateral adenitis and general enlargement of axillary and inguinal glands, seemingly due to absorption of septic matter from the severe form of pharyngitis accompanying. There was in this case, during the height of fever for more than thirty-six hours, great dryness

\* Read before the Clarksdale and Six Counties Medical Society, June 10th.

of mouth and tongue, due to mouth breathing, also muttering delirium during sleep. The nasal passages were occluded by exudations from swollen and inflamed tissues of throat, etc. There was some diarrhoea.

On the sixth day of eruption, there was a marked though very slight decline in temperature, which continued quite regularly and uniformly slight by the routine of "morning remission" and "evening exacerbation." The slowness of decline was remarkable, only 2-5 °F. to 3-5 °F. decline each day. After eleventh day of eruption, temperature was normal, and on one subsequent morning the thermometer registered 97 °F. There were never any kidney symptoms. No uranalysis was ever made. Patient made an uneventful recovery. Desquamation began on the sixth day of eruption on the fingers, continuing to the forty-second day, when the last patch disappeared from the soles of his feet.

As to treatment, very little medicine was used, aside from agents to promote active secretion and excretion in the following:

R. Calomel - - - - grs. i to ii.  
Rhei Pulv. - - - - grs. ii to iii.

M. (one dose) Sig.: give every two to four and to six hours, and on the night preceding the decline of temperature, Sulphate Magnesia, a teaspoonful in water q.s.

For the throat we gave the following:

Gargle No. 1.—R. Peroxide Hydrogen, 50 per cent.  
Sig: Gargle first with this, then use

Gargle No. 2.—R. Glycerine } aa  
Listerine }

M. Sig: Gargle every two to three hours. This latter seemed all sufficient to keep throat and nares clear of accumulations and patient was not further troubled with mouth breathing.

Practically no antipyretics were used. To cause sleep Trional was given, four to five grains, at night, and later Peacock's Bromides combined with papine; each of these sleep producers seemed equally satisfactory.

Of course we used Carbolized Olive Oil on the skin, as well as Resinol, vaseline and meat rinds; with hot baths, using antiseptic soap, later.

Food during ten days was strictly liquid and of generous variety. Mellin's Food, with and without milk; often a raw egg, whipped into hot Mellin's Food with salt; rice and Horlick's Milk; Panopepton and fruits. Digestion seemed fairly good.

Patient was kept isolated, and so was his father practically. Both of us slept in the same room for more than three weeks.

No symptoms of scarlatina ever showed in any other member of family. Though I had never seen or had the disease, I have so far proven immune.

The room was finally fumigated, dismantled, and thoroughly aired. Used P. D. & Co's. Formaldehyde Generating Lamp.

Taylor and Wells cites those who consider the eruption as secondary to throat disease accompanying, and this case would certainly seem to point that way. Our vicinity was invaded during this same season with many cases of throat (and one case of mouth) disease. One other like case of Scarlatina came to my hearing several miles away, which I did not see, a child about my patient's age. Later, one more case, boy aged 8 years, which I treated just as I had my first case. All three patients were members of large families of young children.

Only one authority, Taylor and Wells, gives credence to the isolation of any special germ belonging to this disease, but many reports come to us of cures in Scarlatina being done with antistreptococcal serum. Our treatment, which succeeded with the strong aid of Vis Naturae Medicatrix, was simply by systemic elimination, together with antiseptic throat lavage. What indications were there other than of a general Septicaemia? *Was this Scarlatina?* While Osler mentions sporadic cases, yet all agree that Scarlet Fever is a very contagious disease, second only to measles. Does one case in a family of young children constitute or represent a contagious disease, or three cases in three families, miles apart, and where there was absolutely no intercommunication?

Throughout my first case, I am due many thanks to Drs. Johnson and Clarke for their constant daily attendance, and wise and helpful counsel.

Later:—Since entire recovery of all these cases I have seen them each, and notice that besides complete desquamation of the scarf-skin, the nails of hands and feet gradually grew off, those of the fingers a little earlier than toe nails.

I wish to especially dwell on the importance of the Rx Glycerine, or better, as given in my second case:

Rx. Boroglyceride, 25 per cent.      }  
    Listerine      } equal parts.

To use freely as a gargle, which gives splendid vent for the congested, swollen throat tissues, rapidly reducing all swelling and clearing the air passages. Swelling of neck glands soon gave way.

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#### \* TREATMENT OF EXTREME URINARY RETENTION.

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SHAW, Miss.

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Urinary retention is one of the not infrequent and often most troublesome ailments with which we are confronted. Unlike many of the ills to which flesh is heir, it, in the majority of instances, does not improve under the expectant method of treatment but when let alone is apt to develop in a manner that leads to a prognosis not at all encouraging.

The causes of this condition vary in the extreme. From the retention of hysteria or of lumbar paralysis, in which the only connection between cause and effect is in the nerve supply; through the overuse of certain drugs such as ergot, belladonna, etc.; to those conditions of mechanical obstruction that render urination difficult or impossible there is a wide field and in every instance diagnosis is an all-important factor to success.

The last class mentioned, mechanical obstruction, supplies by far the greatest number of cases and may in its turn be subdivided into a number of causes. Obstruction may

\* Read before the Clarksdale and Six Counties Medical Society, June 10th.

be present from diminution in calibre of the canal at any point from meatus to bladder; may be caused by conditions without the canal, as from an enlarged prostate; or from within, as from a foreign body or calculus.

It is essential to remember that no case of urinary retention permits of dilatory methods. The cause must be eradicated promptly, for the patient is not only in pain but in danger.

Without discussing further symptoms, causes or treatment, I wish to briefly report two cases which typify two well defined classes of retention:—the spasmodic and the mechanical.

Case I. Age about 30. History of gonorrhoea. Retention came on suddenly. On being called I used antispasmodics and the sitz bath but neither gave relief. No catheter, bougie or filiform could be passed. Under chloroform anesthesia I then aspirated the bladder, taking care to pass the instrument in the median line about half way between the crest of the pubis and the urachus. The urine flowed freely from a very much distended bladder. No repetition was necessary. The spasmodic condition was afterwards relieved and the patient recovered.

Case II was far more grave. A man aged 70, while riding, was thrown against the horn of his saddle, rupturing the posterior urethra. As there was already an enlargement of the prostate of many years' standing the complication was a bad one.

In this case, also, it was impossible to enter the bladder through the urethra. I considered that the indications were for a supra-pubic drainage, to be continued until the injured parts could be restored to health. An incision  $2\frac{1}{2}$  inches in length was made in the median line immediately above the symphysis pubis, the bladder was brought to the opening and stitched to the abdominal wall. The incision was then partially closed and in the part left open I inserted a drainage tube held in place by appropriate dressings. The urine was passed through this tube for a period of six weeks. Though done under unfavorable circumstances, having no assistant, and, being six miles in the country, having very limited means of asepsis, the patient made a complete recovery.

## COLOR OF INFANT NEGROES.

BRODNAX, LA., July 8th. 1903.

EDITOR MISSISSIPPI MEDICAL RECORD:

SIR: In your issue for June I note, page 124, some remarks about the color of infant negroes at birth taken from the *New York Medical Journal*. As a pretty close observer and having attended considerably over a hundred negro women, of all shades, in confinement, I wish to say that I have never seen a black or even a dark colored infant at birth. These babies were not of the clear pink of the pure Caucasian, but presented a color of tallow, a muddy white, not colored or tinted. In one or two cases there was a pied appearance of the skin of the back, a bluish tint, which I thought probably came from compression in the maternal outlet.

It has been a mystery to me, this lack of color at birth. I had one opportunity of observing a case in which the mother was white, the father a negro. The case was one under the care of a brother practitioner to whom I am indebted for the opportunity for observing this rarity. The same tallowy-white color of skin was present in the child at birth and at ten years of age it had developed into the true dark mulatto, with the long, wavy, half-kinky hair of the half breed.

In cases in which both parents are true blacks the deepening of the infant's coloring is seen in a few hours and in a couple of weeks the skin is quite dark, attaining its final depth in about two months.

BEN. H. BRODNAX.

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The *Indian Lancet* for August 25, 1902, says that it has remained for an Italian woman to break all maternal records. She has, in the course of nineteen years of wedlock, become the mother of sixty-two children. This extraordinary statement is vouched for by many credible witnesses, who testify to its truth in a petition now before the Italian Government, asking for the woman a yearly pension of \$360. Of these children fifty-nine are boys and three girls. Eleven times in succession, in nine years, the prolific female gave birth to triplets, three times four boys arrived at one birth, and once five boys and a girl. The other twelve were born singly, but very close together. The woman is a native of Nocera, a little village near Naples, and at fifty-seven is, of course, almost incapable of gaining her livelihood.—*Medical Times*.

## ABSTRACTS AND EXTRACTS.

### Hyoscine in Treatment of Drug Habits.

"In the use of hyoscine for morphine habituation, the personal equation obtains exactly as in the use of drugs in other conditions. It must be understood exactly what is to be accomplished, and how complications arising are to be met. Hyoscine hydrobromide may be said to be a specific in morphine habituation—not a specific in the sense that quinine is in malaria, or mercury and potassium iodide in syphilis, but rather a specific means of accomplishing a definite purpose; this purpose tiding the patient over the, to put it mildly, distressing period resulting from the restriction of morphine."

"The treatment consists in the frequent hypodermic administrations of hyoscine hydrobromide, beginning first with a very small dose, 1-400 to 1-200 of a grain, to determine idiosyncracy; the dose of 1-200 to 1-100 of a grain is repeated hourly, or frequently enough to keep the patient under its influence. After two days I endeavor to deter the repetition of the dose to every two or three hours, until the third or fourth days, when, depending upon the case, the time for administration may be extended to from three to six hours, and on subsequent days an occasional dose may be given. During this entire period a nurse must be in constant attendance and the patient never left alone for a moment; attention must be given to the respiration and heart; the condition of the mouth, which becomes dry with often inability to swallow. As hyoscine has a decided mydriatic effect, the room should be darkened, absolute quiet enjoined, food by the stomach discontinued and nutrient enemata substituted."—Goldan, *New York Medical Journal*, Jan. 3d.

Petty, *Medical News*, Feb. 28th., says that no remedy for any disease fills its indication more perfectly or gives better results than does hyoscine in the treatment of morphinism. The gradual reduction method is useless, even hurtful. Sudden withdrawal without some agent to relieve the suffering is inhumane and dangerous. Rapid reduction, the only one of the old methods worthy of consideration, gives intense suffering to the patient and seldom cures.

The painful symptoms following the abrupt withdrawal of morphine have a natural limit of a few days duration. These days may be passed in comfort and the nerve-strain and shock are averted by the use of hyoscine.

The author likens the use of hyoscine in the treatment of morphinism to the use of chloroform or ether in the practice of surgery. It saves the patient intense suffering and makes an easy problem of what is otherwise unsafe, impracticable and difficult.

In four hundred cases in which this remedy was used, in only two or three has delirium or delusions been present as long as forty-eight hours after the last dose. In about one in ten such symptoms continue twenty-four hours after the last dose. In fully ninety per cent. the mind was perfectly clear by the twelfth hour or earlier and remained so thereafter. In many cases the delirium subsided by the fourth to sixth hour after the last dose.

Crothers, *Therapeutic Gazette*, June, says that the claims that hyoscine is a safe and harmless remedy in the treatment of morphinism are not verified by careful study and experience. It will obliterate the pain and conscious suffering but produces delirium, stupor and sense disturbances with collapse to an extent that mark it a dangerous remedy. In all drug addictions there are toxic states with delirium and convulsive activity. In their treatment this tendency and the accompanying exhaustion should be prevented as far as possible. If treated with drugs that have a tendency to increase this condition serious results follow.

The withdrawal period in the treatment of drug addictions is of little significance compared with the after treatment. The withdrawal of one narcotic and the substitution of another can never bring about a cure. From the author's experience he "should never use hyoscine in morphine or other drug addictions".

#### Whooping Cough.

Sobel, *Archives of Pediatrics*, June, finds that "1. Pulling the lower jaw downward and forward controls the paroxysms of whooping cough in most instances, and most of the time. 2. The method is usually more successful in older children than in younger ones and infants. 3. In cases without a whoop the expiratory spasm, with its asphyxia, is generally overcome, and in those with a whoop the latter is prevented. 4. As a single therapeutic measure for the control of the paroxysms it deserves a place in the treatment of pertussis and is as successful as any single drug, or even more so. 5. Mothers, nurses and other attendants should be instructed in its use in order that the oncoming attacks, especially at night, might be arrested. 6. The manipulation is harmless, painless and easy of application, without any of the ill effects of drugs; it offers a maximum good effect with a minimum derangement. 7. The only contraindication to its application

is the presence of food in the mouth or esophagus. 8. Patients treated in this manner are less likely to suffer from complications and sequelæ than those treated only medicinally; they emerge from the disease in far better condition, less exhausted and less emaciated because vomiting has been controlled. 9. It is advisable to try the maneuver in other spasmodic coughs and laryngeal spasms (laryngismus stridulus, pressure of enlarged cervical and bronchial glands, influenza, glottis spasm in catarrhal laryngitis), although my experience seems to show that it is far less efficacious in these conditions than in whooping cough. 10. This method being directed mainly to the control of the glottis spasm, does not preclude the advisability of supporting and sustaining the patient, guarding his gastro-intestinal tract, establishing equilibrium in the nerve centers and affording him every possible hygienic advantage. 11. It is particularly indicated in instances complicated with diffuse bronchitis, broncho-pneumonia, convulsions, epistaxis, subconjunctival or subcutaneous hemorrhage, or sublingual ulceration and in those children who by virtue of age, the presence of rachitis, scrofula or general debility are predisposed to serious complications and sequelæ".

#### Paratyphoid Fever.

De Feyfer and Kaysey (*Munchener medicinische Wochenschrift*, 1902, vol. xlix., pp. 1692, 1752) report a carefully studied epidemic of paratyphoid fever occurring at Eiberg, in Holland. The epidemic consisted of 14 cases, one of which was apparently a mixed infection with typhoid fever. The cases were characterized by a short prodromal stage of one to four days, with irregular elevations of temperature, loss of appetite, and pain in the head, back, and legs. The course was favorable in all cases, and there were no very serious sequelæ. The acutely infectious nature of the malady was undoubtedly. The temperature curve was typical in the mild as well as in the severer cases. There was a remittent and intermittent period. In the remittent period, both morning and evening exacerbations were occasionally to be made out. Sometimes the fever fell critically. The case of mixed infection with typhoid had an afebrile course. The pulse in general bore a direct relation to the height of the temperature. With regard to the intestinal tract, there were at the beginning of some cases vomiting and borborygmi; the tongue was almost always more or less coated; there were abdominal pains, though there was no tenderness on pressure. An ileo-cæcal murmur was always to be made out. The spleen was, as a rule, not palpable, but enlargement was to be made out by percussion. There was almost always diarrhœa, followed sometimes by constipation. The stools were thin, yellowish

and foul-smelling. The urine was, for the most part, free from albumin. In all cases examined for that purpose there was a diazo reaction and increased quantity of indican. The sensorium was generally clear, though the patients were sometimes somnolent and apathetic. A roseola was made out in half of the cases. The blood serum of the patients in all cases agglutinated paratyphoid bacilli. Bronchitis was a common complication. Angina was often observed at the onset of the disease. In a few cases there was slight intestinal haemorrhage.

The authors conclude that "we have in paratyphoid fever evidently a typhoid-like acute infectious disease which may occur as an epidemic.

"The cases so far observed have had a favorable course.

"Paratyphoid fever must in our opinion be treated from a hygienic sanitary standpoint just as typhoid fever; that is, it is in the interests of public health to insist that the cases be reported and subjected to the same rules of disinfection as in typhoid fever.

"The diagnosis is to be made by the help of the agglutination test or by cultivation of the bacteria".—*Medical Review of Reviews, May.*

#### Clinical Diagnosis and Treatment of Malaria.

"Dr. Alexander Lambert discussed this phase of the subject. He pointed out that while there were occasional mild cases of malaria in which the attacks only lasted four to six hours, true malaria was generally distinguished from other diseases characterized by chills by the fact, that ten or twelve hours were required for the complete cycle. Another distinguishing point was that in malaria, as seen in this part of the world, the pulse did not rise in proportion to the temperature, a temperature of 104° F. often being associated with a pulse rate of less than 100. He quoted Captain Delaney of Calcutta, who had had a very large experience with malaria in that region, as saying that a justifiable diagnosis of malaria was possible in over 90 per cent. of the cases by means of a different count of the leucocytes. If the large mononuclear leucocytes, i. e., those mononuclear cells which were as large as the polynuclear ones, constituted over 12 per cent., one was warranted in making the diagnosis of malaria. In differentiating malaria from tuberculosis, it should be remembered that in the early stages of the latter disease the temperature usually ranged between 97 and 100° F. In sepsis the febrile and sweating stages were of comparatively short duration and recurred at irregular intervals. In cholelithiasis there was a remittent form. In yellow fever there was a falling pulse, with a stationary or rising temperature. It was often very difficult to distinguish between estivo-autumnal

malaria and typhoid fever, but the temperature curve, the history and the other symptoms would usually suffice for such differentiation. The enlargement of the spleen did not occur as early in typhoid as in malaria. The diazo-reaction in the urine in the early days of typhoid was often of assistance. In this latitude many mistakes in diagnosis would be avoided if it were made the rule to exclude malaria, unless the plasmodium were found in the blood. The speaker said that, in his experience, Manson's method of treatment had proved uniformly successful. It is carried out as follows: Five grains of quinin are given every four hours until the temperature returned to the normal, and then three grains should be given three times daily. At the same time the patient should take daily a drink made by cutting up the rind, pulp and seeds of a lemon, placing them in one quart of cold water and boiling this down to one pint. This drink should be taken daily for four months. It should be strained before taking, and could be sweetened as desired. After three weeks the patient should take a calomel purge, and then three grains of quinin three times daily for one week. This week of medication should be repeated at the end of the month, and at intervals of a month thereafter for four or five months. The hydrochlorate of quinin contained more of the alkaloid and was more soluble than the ordinary sulphate of quinin."—*Journal American Medical Association*, July 11th.

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ORIGIN OF AMNIOTIC FLUID.—Dr. A. Silberstein has an article in *Archives fur Gynäkologie*, Berlin, for which he received the university prize at Berlin for 1901. The article is a study of a case of twins, one oligohydramnic and the other polyhydramnic, and he suggests that the difference in the amount of fluid observed was due to the fact that one foetus urinated more profusely than the other. In pathological cases such as these, nature allows us a peep behind the scenes, and what we see establishes Gusserow's theory that the amniotic fluid is essentially a product of the foetal organism and of the kidneys in particular. *A. M. A. Journal*, January 24, 1903.—*Review of Reviews*.

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Helmitol, a New Urethral Antiseptic. Rosenthal (*Ther. Rev. der Allg. Wr. Med. Ztg.*, March 31, 1903) has used this new drug in 18 cases of chronic posterior gonorrhreal urethritis and 2 other cases of the same disease, one of which was associated with cystitis and the other with chronic prostatitis. In all the result was gratifying except in one case of gonorrhrea. The drug is best given in the form of a tablet, which is easily soluble.—*International Medical Magazine*.

## THERAPEUTICS.

### **Sulpho-Carbolate of Zinc in Cholera Infantum.**

“Dr. W. F. Waugh, in the July number of *Alkaloidal Clinic*, recommends sulpho-carbolate of zinc in infantile summer diarrhoea and in cholera infantum. His routine treatment is to clean out the bowels with castor oil, calomel, mercury and chalk, aromatic rhubarb, lavage or colonic flushing as seems best in each case. This is followed by the zinc salts every hour in 1-6 to 3 grain doses. It is given in solution or powder form, and, in cases of decided irritability, combined with pepsin and bismuth. When there is extreme acidity marked by rectal excoriation, sulpho-carbolate of sodium is substituted.”—*Journal of the American Medical Association*.

### **Cancer Treated with the X-Ray.**

After using the X-Ray in fifty cases of cancer, Allen (*N. Y. State Journal of Medicine*, July) summarizes as follows:

- “1. The X-Ray possesses decided therapeutic power.
2. It may produce decided injurious effects, aside from so-called burn.
3. Symptoms referable to systemic effects may arise from the direct action of the ray or indirectly by absorption of products of disintegration, which seem, at times to be thrown into the circulation more rapidly than they can be eliminated from the system.
4. Not only can a condition of the tissues be produced by the rays which predisposes to cancerous growth, but carcinoma may develop in scar tissue following the X-Ray burn as instanced in one of this series of cases.
5. The method is not one to be relied upon solely or exclusively in all cases of cancer.
6. The indiscriminate and reckless use of the rays is to be strongly condemned; and even the habit of permitting the patient to examine the bones of the hand for purposes of entertainment should not be encouraged.
7. The tube may at times suddenly acquire burning properties, independent of the resistant factor.
8. By the proper use of shields, the causation of dermatitis may usually be entirely avoided.
9. Even in those cases not cured the improvement is often greater than can be obtained at the present day by any other known method.”

# EDITORIAL.

---

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Official Organ of the Clarksdale and Six Counties Medical Society and the Jackson County Medical Society.

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While we object to "nasty advertisements" from the very bottom of our professional and editorial heart, we cannot see that the new Medical Practice Act of Michigan over which the *Journal of the American Medical Association* of July 4th. goes into ecstacies is going to be of any material help. Paragraph sixth, section 3 of this act provides among other things that the board of registration may revoke the certificate of any registered practitioner who "inserts any advertisement in any newspaper, pamphlet, circular or other written or printed paper, relative to venereal diseases or other matter of any obscene or offensive nature derogatory to good morals."

We cannot presume to express an authoritative opinion concerning the ethical consciences of the registered practitioners of the state of Michigan, but we will venture the assertion that they will be found to come up to the average and if this is the case the section quoted above, which it will be noted is rather comprehensive, is simply one more fetter on the ethical members of the profession and one more field, and an important one, abandoned to the quack. The registered practitioner would have the sense to see that any advertisement "of an obscene or offensive nature" would defeat the very object of the advertisement, in that it would cause him to be avoided by all but the very lowest and most vulgar of possible patrons, and we seriously doubt if any registered practitioner ever, except in very rare instances where some quack has managed to squeeze into the ranks of the legitimate, has erred in this direction. Personally, we are of the opinion that this Act is a reflection on the profession of Michigan.

What is needed far more is an act directed against the patent medicine cures appearing in the daily prints. "Mrs. So-and-so's cure for suppressed menstruation from any cause", "married womens' friend", and others of that ilk which appear *ad libitum* and *ad nauseam* in almost every newspaper in the country, are the greatest offenders. We will give time, money and all the influence that we can bring to bear to aid in the passage of an act to regulate such matters as these, but we decline to believe that there are in the medical ranks men who are so degraded as to stoop to such methods of advertising or who have so little sense as to imagine that it would bring them any material returns.

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The issue of *American Medicine* for July 11th. contains an address delivered by Dr. Knopf of New York before the Teachers' College of Columbia University that should be widely circulated. The fight against tuberculosis is one that must be carried on incessantly. The disease will never be eradicated and unless that constant vigilance which here is essentially the price of safety be practiced, its spread will eventually be so great that checking it will be out of the question.

Physicians in the south have taken, as a rule, a less positive stand than have their northern and western brothers, and this despite the fact that the susceptibility of the negro to tuberculosis is a great and growing menace to the country. It is time we rid ourselves of this apathy. With our servant population thus susceptible, and notoriously careless, we are exhibiting a recklessness that is little short of criminal. To us, then, this address of Dr. Knopf, on "The Duties of the School Teacher in the Combat of Tuberculosis as a Disease of the Masses", should be of special interest for there is much in it that can be used and taught by parents and friends far better than by the teacher, who generally has a very liberal allowance of work already and who certainly cannot be expected to devote as much attention to such matters as others more nearly interested.

One point on which the doctor lays special emphasis, and one that is universally neglected, is that of breathing. It seems too ridiculous to consider seriously, this business of attempting to regulate so simple a matter; we leave it to na-

ture, of course, since everybody breathes involuntarily. And yet it is a fact, an indisputable fact, that very few individuals do their full share of duty by their blood when it comes to supplying it with oxygen. The exercises described by Dr. Knopf will do much toward remedying this neglect. They are modifications of some of the "setting up exercises" that are the bane of plebe life at our great military academy and that, supplemented later by more advanced gymnastics, make the deep chest and splendid carriage of the shoulders that mark the "West Pointer".

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We take off our hat to the Board of Medical Examiners of North Carolina for the success with which they have administered their laws, for having such laws to be administered and finally for having demonstrated so conclusively that the osteopath is, generically, an ass.

At the spring examination of this Board, held May 27th., there were seventy questions on seven subjects. Eighty per cent. was required in order to entitle the applicant to a "pass". The examination was written. One hundred and seven were examined, 77 passed, 30 failed.

*Of the four Osteopaths*, three failed to make as much as 67 per cent. and one was marked "Not graded. Caught cheating".

Why cannot we have a law that will force these pests to be examined or to get out? The woods are full of candidates just now: senatorial, gubernatorial and all the political rest of it. Let everybody get into line and welcome the next candidate who approaches him warmly; take him to your bosom and sell him a vote for his official support of a bill creating a law that will not discriminate against the ethical, gentlemanly physician in favor of the brazen-faced quack. Let each county society make a deal with its legislators. It must be a deal, for the politician wants a fair return. No use going empty handed. Take him votes. Promise him the support of your county society if he will vote your way on this one measure after you have helped to elect him. Then get out and elect him. The doctor ought to be the greatest hand in the world to gather in the votes. He has so many chances for "heart-to-heart talks" with the voters if he will only take advantage of them. Don't sit down and let this thing be rubbed into the profession year after year; get up and hustle and keep at it until we win.

It is regrettable that the Directors of the great Charity Hospital in New Orleans let so much of the transactions of their recent meeting, at which they elected surgeons of the institution, get into the daily prints. Such criticisms as have been made of them editorially, can, it is true, have no lasting effect either upon the surgeons in question or the hospital, but they furnish food for lovers of sensation and tend to fill the early days of the new administration, days when there must of necessity be some rough places, with anxiety and apprehension. The public is perhaps entitled to know what goes on in an institution supported by public money, but Dr. Lewis should certainly insist that the privilege of the "blue pencil" be allowed him on all reports of such meetings written for the daily press.

### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)  
FOR JUNE, 1903.

| CAUSE                          | WHITE |        | COLORED |        | TOTAL |
|--------------------------------|-------|--------|---------|--------|-------|
|                                | Male  | Female | Male    | Female |       |
| Bronchitis.....                |       |        | 1       |        | 1     |
| Carcinoma Uteri.....           |       |        |         | 1      | 1     |
| " of Stomach.....              |       |        |         | 1      | 1     |
| Cholera Infantum.....          |       |        | 1       | 1      | 2     |
| Enteritis Colitis.....         | 1     |        | 1       | 1      | 2     |
| Endo Carditis.....             |       |        | 1       |        | 1     |
| Hemorrhage of Bowels.....      | 1     |        |         |        | 1     |
| Internal Injuries.....         |       | 1      |         | 1      | 1     |
| Malarial Fever.....            |       |        |         | 2      | 2     |
| Mercurial Poisoning.....       |       |        |         | 1      | 1     |
| Obstruction of Bowels.....     |       |        |         | 1      | 1     |
| Pertussis.....                 |       |        |         | 1      | 1     |
| Premature Birth.....           |       |        | 1       |        | 1     |
| Paralysis.....                 |       |        |         | 1      | 1     |
| Plthisis Pulmonalis.....       |       |        | 2       |        | 2     |
| Peritonitis.....               |       |        | 1       |        | 1     |
| Septicaemia.....               | 1     |        |         |        | 1     |
| Senility.....                  |       |        |         | 1      | 1     |
| Tetanus Neonatorum.....        | 1     |        |         |        | 1     |
| Typhoid Fever.....             | 1     |        |         |        | 1     |
| Typho Malarial Fever.....      |       |        | 1       |        | 1     |
| Valvular Disease of Heart..... |       |        | 1       |        | 1     |
|                                | 4     | 2      | 8       | 12     | 26    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

# *Mississippi Medical Record.*

VOL. VII.] SEPTEMBER 1903. [No. 9.

## ORIGINAL CONTRIBUTIONS.

### PUERPERAL ECLAMPSIA—REPORT OF RECENT CASES.

M. O. SHIVERS B. S., Ph. G., M. D.

GREENVILLE, MISS.

I am safe in making the statement that as much has been written about this disease, its treatment, etc., as any other known at the present time. Almost every journal contains some article or extract pertaining to this most dreaded phenomenon, and it has been the theme for discussion in all medical meetings. However, in spite of all the literature concerning and the discussion upon this subject, it seems we are about as far from accurate knowledge of the cause and treatment as we have been.

Eclampsia is a peculiar acute symptomatic disorder suddenly coming on prior to, during or after labor; manifesting itself by convulsive seizures accompanied by loss of consciousness, coma more or less profound and lasting a greater or less time according to the attack. Though the pathogenesis of eclampsia is unsettled it belongs solely to the pregnant or puerperal state, and in many cases no determining cause can be recognized.

Many theories have been advanced to account for eclampsia, none of which have proven satisfactory and most of them based upon a superficial and very imperfect consideration of the existing pathema. It has been attributed to cerebral anemia, pressure upon the ureters, resulting in the interference of circulation of the kidney, and imperfect elimination. It has been suggested that fetal metabolism plays a great part in overloading the organism with toxins which bring about this pathologic state during the puerperal period. The interesting metabolism characteristic of pregnancy has not yet been sufficiently elucidated to explain the origin of toxic material that not infrequently jeopardizes the life of both mother and child, apparently however it seems a plausible causative factor. Improper diet, insufficient exercise, want of personal hygiene, pelvic contraction and tedious labor may produce eclampsia; however, the only explanation that re-

sults in a satisfactory prophylaxis and treatment is that which recognizes the circulation of toxic blood affecting the nerve centers, resulting in the eclamptic convulsions; even then this abnormally large amount of toxic substance will not produce these serious symptoms unless the psychical equilibrium of the subject is disturbed. This toxemia seems to be due to over production of waste products and under elimination by the emunctories, accompanied by auto-infection from the intestinal tract. During pregnancy the blood alters both in quantity and quality. There is an increase in white cells and a decrease in red, with marked hydremia. Systemic cell action in the pregnant woman is greatly increased and excretitious material accumulates rapidly in the system and at any time the balance between secretion and excretion may be disturbed and a poisoning may occur. Patients of neurotic tendencies are not especially susceptible to eclampsia, as is conceded by many, but on the contrary it is met with most often in strong, robust, plethoric women whose nervous equilibrium is normal and whose physical condition is apparently good, nor does eclampsia occur more frequently in mothers suffering from cardiac or nephritic troubles.

We might say that the reason the condition is rarely met is due to the fact that when such pathology exists and is sufficiently grave to produce any disturbance in the economy an abortion or miscarriage is the result. Some authors have recently evolved the theory that eclampsia is due to a specific micro-organism of an infectious nature; however, this hypothesis has not as yet been demonstrated. A fact much to be deplored is that the average practitioner is as cognizant of the etiology and pathology of eclampsia as the wisest pathologist who has devoted much time to its study.

Eclampsia occurs most often in primipara and in multiple pregnancy. Consensus of opinion is that blonds are more frequently the victims of eclampsia than are brunettes. About twenty per cent. of all cases are preceded by prodromes; namely, headache, amblyopia, tumultuous cardiac beat and a general feeling of not doing well. Any one of these may be the only symptom, while all rarely occur in a single patient. There is always a decrease in the solid constituents of the urine and albumin and casts are frequently found before the attack. The impending attack is very characteristic; eyes are fixed, twitching of all the muscles of the face and head turned frequently to the right. The face at first pale, becomes cyanotic, there is frothing at the mouth and tonic and clonic spasm of the entire muscular system is marked; respiration is slow and labored, the patient soon becoming very much asphyxiated. The tongue is unconsciously bitten, opisthonos intervenes, the arms become ex-

tended and rigid, the fingers are tightly clasped upon the thumbs. A more horrible picture can scarcely be imagined than that of the eclamptic convulsion. When once seen the clinical picture is not easily forgotten. Indeed these most striking phenomena mark an interesting page on life's drama of the beginning accoucheur, and the first impression is indelibly impressed. Each eclamptic seizure lasts from two to ten minutes, but to the helpless physician and anxious attendants many times ten. Following the convulsion there is coma, the duration of which may continue from a few minutes to hours, and not infrequently through the entire interim the patient is in a state of complete unconsciousness. Sometimes the general clinical picture so closely resembles the syndromes of hysteria and epileptic convulsions that no definite decision can be arrived at until the patient is carefully watched and all symptoms fully noted. From the exact paroxysm no positive diagnosis should be made. As a differential diagnosis in all cases the urine should be examined, the condition of the digestive tract ascertained from an inspection of the tongue and the presence or absence of intestinal engorgement determined. The state of the skin and mucous membranes and the characteristic pulse will assist in the diagnosis.

The patient usually has a repetition of the attacks at varying intervals if left without the proper treatment and frequently convulsions continue under the best treatment available. A single attack in untreated patients is very unusual, and we might say never occurs. After the convulsion the temperature usually rises and may reach 110° F. in severe cases. This symptom is of marked prognostic value as very high temperatures are indicative of a fatal termination.

The prognosis in modern times has been greatly altered for the better. Formerly the maternal mortality ranged about thirty per cent. Now five per cent. is average and some observers in a limited number of cases report no deaths. Foetal mortality remains about fifty per cent. and a large per cent. of those borne viable die in infancy. Death of the foetus does not retard or stop the convulsion, but acts as a stimulant. In seventy per cent. of cases treated, the foetus was dead at the beginning of the convulsions. Clinical observations prove conclusively that convulsions neither act *pro* nor *con* in the hastening of delivery.

Prophylactic treatment is more easily outlined than carried out. The mere facts that prodromes occur in so small a per cent. of cases and so little is to be elicited from objective or subjective symptoms renders this feature of treatment of little value. Quite a large percentage of cases are seen among a class of patients who never engage the services of a

physician, and the patient is not seen until seized with convulsion. Notwithstanding these discouraging facts much can be done to prevent eclampsia. If we could only comprehend the factors and determine the danger signals then would preventive treatment be of much service.

The woman whose safety has been entrusted to our care should be watched with interested vigilance. Husband and wife should be impressed with the importance of reporting any departure from the normal, explaining to them in detail what meagre symptoms we can rely on as suggestive of eclampsia. Urine should be examined frequently and constipation corrected by means of salines or vegetable agents. Irrigation of the bowels is of the greatest value in the last weeks of gestation but it is useless or almost so to give these with the ordinary rectal nozzle attached to a fountain syringe. When rectal irrigations are used the fluid should be injected through a regular rectal tube with an opening at the end and not on the side—a return rectal catheter is probably a neater way of administering it.

As to the composition of the enema, nothing is so good as normal saline solution in an average quantity of not less than two quarts. Diet and exercise may be regarded as a means which cannot be dispensed with if we would retain satisfactory results. Have the patient drink freely of water and take daily tepid baths. See that the clothing is properly worn. Let the food be easily digestible and highly nutritious, permitting little meats or albuminous foods.

When called to a case of eclampsia we should consider eclampsia not as a complication of labor but as a disease of pregnancy, understanding that the most successful treatment should be directed to the cause of the attack and not to the immediate termination of pregnancy, though in a large percentage of cases it is necessary to empty the uterus.

The ideal treatment consists in controlling the convulsions, securing prompt and vigorous elimination and in emptying the uterus. To control the convulsion chloroform should be cautiously administered. It is by far the safest, most prompt and most efficient agent at our command. Antispasmodics, as chloral and bromides per rectum and morphin hypodermically, assist materially in the arrest of the convulsions. Veratrum Viride is employed quite extensively; while an agent of great power and rapid in its action, its potency in controlling the convulsion is doubtful and in the hands of the impulsive doctor it has been the cause of fatal termination. To secure elimination croton oil is worth all other remedies combined: first, because easily administered—four or five drops upon the tongue will produce the desired effect; second, rapid and sure in its action, producing

vigorous catharsis, thus removing not only systemic poison but fecal accumulations the toxins of which play an important part in the condition. Calomel should never be administered because its irritative effect on the kidney will not only increase the amount of albumin but lessen the excretion of solid material, a factor which is of prime importance in treating eclampsia. Little can be hoped from the action of the skin. Hot pack is by far the best diaphoretic. Systemic agents, as pilocarpine, etc., are contraindicated and should never be used.

An enetroclysm of normal saline solution is a most valuable agent. It not only acts as a diluent, lessening the toxicity of the blood, but aids in cleansing the rectum of its effete material and is mildly a diuretic. Much good can be obtained from diuresis. This can be accomplished most admirably by the administration of large doses of sodium acetate and infusion of digitalis often repeated. This combination can always be relied upon.

Prompt delivery should be secured by incision and dilation of the cervix. Complete dilation can be obtained and the foetus extracted in a few minutes. In post partum eclampsia diuretics, antispasmodics, repeated high saline anemas and catharsis are our only recourse, paying special attention to the heart. The after treatment consists in rescuing the patient from complications.

Case No. 1.—That of primipara, age 19, married 18 months. Plethoric, weight 160 pounds. Family history good. Has never suffered any serious illness. Intractable nausea during third and fourth months of pregnancy. Slightly constipated throughout gestation. Led sedentary life, due to hard winter, being compelled to remain in doors all of last two months. Personal hygiene good. Several specimens of urine examined, both chemically and microscopically, the day before attack were all negative. Was seen March 24th., 3 p. m., a few minutes after first seizure of the convulsion, two weeks before anticipated delivery. All symptoms characteristic of eclampsia. Urine loaded with albumen. Chloroform, chloral, bromides and hot enema were of no avail. Convulsion continued. Os patulous, no contractions. Eight p. m., ergotole hypodermically, repeated every two hours till delivery, which occurred at 8 a. m. on the 25th. Tampons, rupture of bag of water and dilation of cervix were necessary to produce contractions; convulsions occurred from one to three hours till delivery and continued until morning of the 26th. During this time patient kept in a dark room, under treatment as used in antepartum spasms, all which seemed to do little good. Patient made an uneventful recovery.

Patient No. 2.—Primipara, history negative, well throughout pregnancy. Plethoric, weighed 140 pounds.

Pelvis slightly contracted. Sufficient exercise and hygiene good. Attended to the domestic affairs of the home. Visited a near-by neighbor and returned. Was suddenly seized with convulsions of few minutes duration and no recurrence till 24 hours later. No treatment. Was seen May 2nd., 2 P. M., day after first convulsion. Third convulsion, state of coma, os rigid, fœtus not viable. Treatment same as No. 1 till 6 A. M. the following morning. No effect save slight decrease in number of attacks. Ergotole P. D., normal liquid, dilatation of os, rupture of waters, tampon, no contraction. 9 A. M. Cervix incised and dilated, forceps introduced into uterus and fœtus delivered. Bromide of soda and infusion of digitalis was given and no further convulsions occurred. Patient made rapid recovery.

Patient No. 3.—Negress, age 18, weight 160, primipara. Never sick. Labored in cotton field up to date of delivery, first pain came while at work, June 14th., at 3 P.M. "Granny" attended her and delivered a still born child at 8 P.M. Post partum hemorrhage checked without a physician. Patient rested till 1 A.M., the 15th., when was seized with fit. Had several by 9 next morning when seen by me. Examination revealed a large intro-uterine clot which was turned out and uterine stimulants were administered with good results. No antispasmodics except veratrum were administered. Cardiac stimulants, hypodermoclysis and enetroclysm of normal saline. All proved futile. Patient died on morning of June 16th. This with two other post partum cases in consultation are the only three observed, all proved fatal, consequently I attach more significance to *post partum* than *prae* eclamptic fits.

Three cases unlike in many respects. Fœtus died in all. Habits and modes of living very different, cervix patulous in one, rigid in the others. Convulsion in one during labor, another previous to and third after. All plethoric and the whites were blondes. Post partum case fatal. Treatment very unsatisfactory. Emptying the uterus seemingly does little good. Since one continued several hours after delivery and in the others fits came on after parturition, to me the fœtus does not appear to be a causative factor in the production of eclampsia.

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Huatek (*Wiener Klin. Remd.*, page 1114; *Jour. Am. Med. Ass'n*, May 9, 1904), announces the fact that thermal or mechanical irritations of the stomach result in an increase in the size of the spleen. This peculiar reflex presents after section of the vagus and, therefore, must occur by way of the sympathetic, since he has found that the increase in size of the spleen was not due to an engorgement of the veins.—*Courier of Medicine.*

**\* CLINICAL REPORTS.****PARAFFIN PROSTHESIS FOR SADDLE-BACK NOSE.**

Dr. W. H. Luckett presented two photographs of a patient who had been treated with paraffin prosthesis for saddle-back nose. One was taken previous to the treatment and the other after the injection. The latter showed great improvement in the patient's condition. He prepares his own paraffin, using the ordinary paraffin of commerce, and reduces the melting point by mixing with the liquid petroleum of Schieffelin, which gives a clear white solution. He considers the fluid injection method of using paraffin the best. He employs the ordinary aspirating syringe of Tiemann for the injection. The paraffin at a melting point of 105 degrees F. is drawn into the barrel of the syringe, and the syringe placed in a 2 per cent. solution of carbolic acid heated to 120 degrees F. This is done to keep the paraffin from solidifying. The subcutaneous tissues will stand 120 degrees of heat without injury. This maneuver prevents the needle from becoming plugged up and avoids the formation of a solid column of paraffin. The needle is inserted and the paraffin injected rapidly. The injection in this case was made by inserting the needle under the tip of the nose and carrying it up to the brow. There are three points which it is necessary to compress in order to keep the paraffin in position, and this was accomplished by having his assistants place their fingers at these points. The speaker saw one case in which 15 or 20 minims of paraffin had to be removed. There has been a great deal of talk about paraffin being replaced by connective tissue in these cases. A correct explanation of the histologic arrangement of the elastic tissue fibres shows that they run in every direction, crossing each other, and enclosing between them spaces filled with fluid, these spaces connecting one with another. Several cases have been reported in which, on the removal of a section in which paraffin had been injected, the connective tissue seemed to be growing through the paraffin and thus displacing it. The speaker had injected liquified paraffin into the nose of a cadaver and had taken out a section immediately and submitted it to Dr. Jef-

\* From the transactions of the Clinical Society of the New York Polyclinic Medical School and Hospital.

fries for microscopic examination. The latter found that the paraffin ran around the fibres and blood-vessels, encircling the latter in the spaces of the fibres. He had then taken a syringe with a screw-piston action (Harmon-Smith syringe) filled it with paraffin in a melting condition at a high melting point, and forced from the end of the needle a solidified thread of paraffin. This did not run all round the fibres, and the paraffin was taken out in a solid piece. This is satisfactory proof that liquified paraffin is best for injection.

Dr. F. M. Jeffries said that when Dr. Luckett had brought him the specimen referred to for examination, he had to resort to methods not usually employed in histological work. In order to obtain a section of the tissues by the paraffin method and to displace all the water, it is necessary to replace the latter by materials that will dissolve the paraffin, and then to gradually introduce the paraffin into this substance. This was impossible in the present instance but, after a series of experiments, it occurred to him to use the specimen just as though it had been through all this preparation. He heated some paraffin and embedded the specimen in it at a temperature just sufficient to melt the outer layer and not that contained in the tissues. Then sections were cut. Ordinarily the specimens obtained by the paraffin process are fastened to slides, the paraffin is removed and the tissues are stained and mounted on a slide. When the section adheres to the slide and the paraffin has been removed the tissues remain just as injected in every relation, part to part. The paraffin was absorbed and everywhere that spaces were left there paraffin had been, demonstrating just what Dr. Luckett had stated above.

Dr. Francis J. Quinlan presented an apparatus which he had devised for the subcutaneous injection of paraffin into the nose. He uses an ordinary antitoxin syringe, one that could be cleansed and sterilized easily, and a needle of very large calibre. When commencing his work he used the ordinary commercial paraffin, but now adds to this 10 to 15 per cent. vaselin. He has found that even if the temperature is high, the paraffin will cool and become coagulated in the needle of the syringe. To overcome this difficulty he devised a jacket or hood of metal that keeps the paraffin at an even temperature. He attaches a rubber tube to the receptacle

filled with water at a temperature of 120 degrees F. and keeps up a constant flow through the jacket, keeping the contents of the barrel of the syringe at an even temperature and injecting it into the tissues up in the nose when needed. Of 94 injections of paraffin by this method he had had a few unfortunate accidents, but many excellent cosmetic results. He said that in introducing foreign substances, such as were heretofore used, to act as supports in the cavity as a result from loss of bone, tissue, or from congenital deformities, there is great danger of infection and suppuration. He knew of only one device, which, at the present day its author claimed resisted all infection, and that was a celluloid plate introduced to the profession by Dr. Dawbarn. The speaker said that Dr. Luckett has referred to the fact that his assistants place their fingers in position to prevent the paraffin from spreading where he does not want it to go. He had added to his armamentarium during the past year a silver ring covered with an ordinary rubber tube. Instead of having his assistants place their hands over the field of operation to prevent the paraffin from running round up to the bridge, he simply slips this ring over the site of operation and then injects the paraffin into the tissues.

Dr. Luckett said that Dr. Quinlan had not dwelt on the reasons for his bad results. He thought that they might have been due to the fact that the paraffin was at too high a temperature when injected, as this will cause the tissues to slough. A pressure-narcosis will not occur unless the paraffin is injected into the periosteum, or unless the syringe of Smith is used.

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#### THREE CASES OF TETANUS.

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Dr. Luckett also reported three cases of tetanus. The first patient was admitted into the Harlem Hospital with a blank-cartridge wound of the palm of the left hand. Within ten hours he had developed all the symptoms of a pronounced case of tetanus. Treatment was by the usual method—potassium bromide, chloral hydrate, hot baths, etc. The second case was that of a wound in the palm of the hand from a blank cartridge. Symptoms of tetanus developed on the eighth day—opisthotonus, lockjaw and local tetanus of the left hand. Treated by injections of the New York Board of

Health anti-tetanic serum in extraordinarily large quantities between the third and fourth lumbar vertebrae into the subarachnoid cavity. After the cerebrospinal fluid had been withdrawn the patient received an injection daily for about 10 days, getting from 8 to 10 cc. at each injection, from 10 to 45 minims of cerebrospinal fluid being withdrawn previous to each injection. From the very start his symptoms improved. The patient was discharged from the hospital cured. The speaker believed this to be the first time that this method was used in this country.

The third case was a more pronounced type of tetanus than the preceding one. It occurred in a boy nine years old, who jumped over a garden fence and cut his left wrist on the neck of a broken bottle. The wound was sutured at one of the hospitals. On the sixth day the boy developed stiffness of the muscles of the neck, of the abdomen and of the jaw, in the order given. He was admitted into the Harlem Hospital, the wound was opened, several particles of dirt were removed therefrom, and the wound was dressed. Very marked symptoms of tetanus were present. This boy although in appearance much worse than the preceding one, recovered more rapidly under treatment, only five injections being necessary. This attributed to the fact that preceding each injection all of the cerebrospinal fluid possible was removed, as much as 550 minims in five days. The patient was discharged, cured, about two and one-half weeks after admission. The reason for withdrawing this fluid is on account of its great toxicity, it being much more toxic than the blood of a tetanus patient. These patients, except the first one, received no internal medication whatever.

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**GUMMATOUS TUMOR OF THE LEG TREATED BY INTRAMUSCULAR INJECTIONS OF SALICYLATE OF MERCURY.**

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Dr. D. A. Sinclair showed a patient suffering from a gummatous tumor of the leg about the size of a silver dollar, situated in the lower third of the tibia. The history of the case was as follows: Widow; 59 years old. No previous history of syphilis could be elicited. Tubercular history negative. Fifteen months ago the patient noticed a swelling of the right leg over the lower third of the tibia. This was treated by poulticing and it broke. Later, she was an-

esthetized by ether on two occasions and the swelling opened and the bone scraped. At the end of fifteen months the patient was worse than at any time since the growth made its appearance. She complained of severe pain and exquisite tenderness and of nocturnal pain and insomnia. In spite of the fact that no history of syphilis had been obtained, to the speaker the swelling was characteristic of gumma. On March 24th. the patient received an intramuscular injection of salicylate of mercury, and a second injection of the same amount was given on April 3d. The tumor rapidly diminished and at the present time is level with the skin. The discharge is very slight and pain and tenderness have entirely disappeared.

Dr. A. R. Robinson opened the discussion of this case by asking what Dr. Sinclair's experience had been with the mercurial injection alone in pure gummatous infection. The speaker thought that traumatisms might correspond with the case before the Society. There are many instances of lesions known as syphilitic in which the patient had been afflicted with syphilis some twenty years before and internal treatment with mercury alone had cured them when other measures had failed. He wanted to know whether Dr. Sinclair regarded the lesion as purely gummatous or as an inflammatory process resulting from the person having had syphilis. He said that iodide of potassium is necessary in all cases in which there is pure gummatous lesion.

Dr. Luckett said that he thought it is impossible to treat those patients with mercury alone, just as it is impossible to treat tuberculosis satisfactorily with creosote only. He thought the open air treatment, stimulation and proper nutrition are what these patients require. He thought this patient would be greatly benefited by prolonged hot baths producing a slight diminution of hyperemia, just enough to somewhat retard the venous supply.

Dr. Sinclair closed the discussion by saying that he regarded the case as a pure gummatous lesion.

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#### MALARIAL BLOOD.

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Dr. F. M. Jeffries presented specimens of malarial blood. He said that it might appear as though he owed the

Society an apology for presenting such an ordinary demonstration as tertian malaria, but there appeared to him a sufficient number of interesting features in connection with the present demonstration to make it more than worth while. Those who are familiar with malaria are aware that that of the tertian type rarely exhibits more than one stage of the cycle in the blood at any one examination. Occasionally, it is true, two stages are found. This occurs when the blood is taken during a paroxysm. In the blood taken at this time parasites at the fully developed stage are observed together with the younger spores because of the fact that segmentation does not take place in all of the parasites at the same moment, those which segment at first having sent their spores to invade a new set of red corpuscles. In order that one may be able to demonstrate the entire cycle of tertian parasite, he would be forced to take samples of blood every few hours for the forty-eight hours required for its completion. In the specimen shown, which was blood taken at one time from a patient with a paroxysm, he was able to demonstrate practically the entire cycle, that is to say, with the six mounts there were six stages, beginning with the small spore just invading the red corpuscle and ending with the segmenting parasite. When he was taking this blood the patient informed him that he had chills daily. From this history one would be unable to determine as to whether it was of the estivo-autumnal or double tertian type. It required the microscope to determine this. Since examining those preparations he had been undecided as to whether it was a case of double tertian or of triple infection. He did not obtain the patient's history sufficiently to be able to state whether he merely had one paroxysm a day or had an extra third paroxysm.

As regards the staining of the specimens, he had used Goldhorn's method, the steps of which are as follows: Immerse for 15 seconds in pure methylic alcohol; wash with water; stain with Goldhorn's polybrown-methylene-blue 60 seconds; wash with water; stain with 1-10 of 1 per cent. aqueous solution of eosin very briefly; wash with water.

One is permitted a considerable degree of latitude in the use of this stain. He can stain for a short or long period with the blue, with varying results, all of which are satisfactory, but there is great danger of overstaining with the eosin blue solution. Therefore, it is advisable to wash off the dye as quickly as it is possible to do it.

Dr. Albert Kohn opened the discussion by saying that, taken in connection with Dr. Jeffries' specimens, the history of this patient was very interesting. He had a chill each day. One day he had a chill immediately upon Dr. Kohn's arrival, and he sent at once for Dr. Jeffries. Dr. Kohn had left him about five minutes after the latter's departure and the patient was in a comatose state. How long he remained thus he did not know.

Dr. Henry Heiman said that the specimens were of great interest as they demonstrated the plasmodium in its different stages of development from one single blood examination. The flagella are probably intended to perform the same functions as the tail of the spermatozoon, that is to say they penetrate the cell walls of the red corpuscles and become changed in the further development of the malarial organisms. It is very interesting to mention that north of the so-called Mason and Dixon's line, or of Chesapeake Bay, the pernicious or so-called estivo-autumnal type of malarial organisms are seldom found, but in the majority of cases only the tertian type.

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#### STRICTURE OF THE INTESTINE: INFLAMED APPENDIX.

These specimens were shown by Dr. Luckett. An acute stricture of the intestine was interesting because of its history. The patient, a female, aged 28 years, had suffered from chronic constipation, but otherwise had never been ill. Twenty-six hours before her death she was seized with acute vomiting, spasms, and all the symptoms of acute intestinal obstruction. She was removed to the hospital, but her condition was moribund and an operation was deemed impossible. She died four hours later. At the autopsy the small intestine was removed five inches from the ileo-cecal valve and appeared carcinomatous to the naked eye. Specimens similar to this one have been sent to a pathologist and have been diagnosed as epithelioma, but two pathologists have pronounced this specimen to be simply an acute inflammatory growth with no signs of a neoplasm nor of chronic inflammation.

A specimen of an appendix was presented to illustrate the almost facultative power of the omentum to carry itself from one part of the abdominal cavity to another for whatever use it is intended. If an incision is made into the abdominal cavity, even if not at the lowest end of the omentum, the border will crawl upward and try to fill the opening. This appendix was rather short and was almost on the point of perforation. It had been grasped by the omentum, and there was absolutely no adhesion to either the intestine or to the parietal peritoneum.

## ABSTRACTS AND EXTRACTS.

## So-Called "Stomach-ache".

Cohnheim (*Medical News*, Aug. 8th., translated by Schaufle<sup>r</sup>) says that the most constant symptom of internal disease is so-called "stomach-ache". Whether or not this is real pain or only an unpleasantness, its character, location and duration, and the differences in the accompanying symptoms and in the relation of the attacks to the taking of food and to defecation, are all points that will aid in diagnosis.

Attacks of pain or painful contractions in the epigastrium are observed in the most widely separated affections. We have to consider:—

1. *Angina Pectoris*. Entirely independent of eating. Beginning in the region of the heart, they radiate to the region of the epigastrium, the back, shoulders and especially the left arm. The attacks are periodic. Especially seen in elderly patients with marked arterio-sclerosis, syphilitics and smokers.

2. *Intercostal Neuralgia*, after "taking cold" and before the eruptive period of herpes zoster. The pain comes on in jerks and is increased and even started by pressure on the intercostal nerves.

3. *Stomach*. In spasm of the pylorus the attack always stands in intimate relation to the act of digestion. After light, fluid food it is usually absent. In a given case it recurs always at the same interval after eating. There is generally an excess of hydrochloric acid. Adhesions of the pylorus to neighboring organs or its compression from without may cause pain from mechanical obstruction to the passage of the gastric contents. Here the pain is irregular, depending on the stomach contents.

4. *Duodenum*. Symptoms of gastralgia appear in cases of ulcer and stenosis of the duodenum exactly as in pyloric ulcer. As the treatment is the same in both sets of cases, differential diagnosis is of little practical importance. Icterus, or bile in the stomach contents, indicate this condition.

5. *Liver*. Biliary colic is sporadic. Icterus and rise of temperature are valuable symptoms. Inflammation of the gall ducts, without the passage of a stone, may give rise to colic.

6. *Pancreas*. Attacks of gastralgia due to stones or hemorrhage in the pancreas are only then to be diagnosed when diabetes or fatty stools are present.

7. *Intestines*. Affections that must be differentiated are peritiphylitis, acute colic with diarrhoea, hernia, embolus

of the intestinal arteries, lead colic, colica mucosa, colica flatulenta and rare affections such as hernia, acute ileus and colic from worms or foreign bodies.

8. *Urogenital System.* Owing to the reflex vomiting occurring so often in pain due to stones of the kidney, ureter, bladder and to dysmemorrhœa, these conditions may be mistaken for *gastral*gia.

9. *Peritoneum.* Colic accompanied by vomiting.

10. *Tabes Dorsalis.* Paroxysmal. Frequently the primary symptom.

#### The Influence of Alcoholic Liquors and of Tea and Coffee Upon Digestion.

R. F. Chase M.D. (*Philadelphia Medical Journal*, June 6, 1903) from a series of tests draws the following conclusions concerning the influence of alcoholic liquors and tea and coffee upon digestion.

It would seem that liquor, taken as a beverage with meals, exercises on the whole only a harmful influence, while in cases of gastric disease its use is not followed by any beneficial results.

The author's tests with tea and coffee show that when taken with meals, in the amounts ordinarily used, *they do not* retard either salivary or peptic digestion, but that, in fact, salivary digestion is accelerated slightly by tea.

His results also show that these beverages may act as mild stimulants to gastric secretion; the digestive power of the secretions, however, is not augmented, and, on the other hand, it is not impaired, as in the case of whiskey. Therefore, as a stimulant to gastric secretion, tea or coffee would seem preferable to whiskey. In the tests with these beverages I used a strong, black tea and a 10 per cent. strength of coffee (coffee 10 gm., water 100 cc.). Both the strengths and amounts used were sufficient to show any harmful effects which might be produced by these fluids as ordinarily drunk.

Admitting the generally harmful effects of large quantities of tea and coffee, and that even moderate amounts, when taken with sugar and cream, disagree with some individuals, I believe that an undue prejudice has been excited against the use of these beverages by the results obtained from laboratory experiments.—*Review of Reviews.*

#### Southern Fevers.

Krauss (*Journal American Medical Association*, July 11th.) concludes a paper on Southern Fevers with this summary:

1. A very sudden hyperpyrexia in midsummer is more apt to be sunstroke than "congestion." Do not give quinin without cause.

2. The malarial leucocyte count is only collateral evidence of malarial infection, and the count must include all the cells in the spread.

3. The Widal test may lead us into error in a small percentage of cases; the blood culture test is more difficult and has no negative value.

4. A chill or fulminant onset of a typhoid fever is not sufficient evidence of a complicating malaria.

5. A chill or sudden disturbance of the temperature curve during convalescence in typhoid fever is not necessarily malarial.

6. In a malarial infection the persistence of an irregular subcontinuous fever after thorough cinchonization is not evidence of a typhoid complication or of remaining plasmodia.

7. A positive diagnosis of summer-fall fevers is not always possible.

8. In the hygienic management of summer-fall fevers we should presuppose a double infection, irrespective of symptoms.

9. Some of the summer-fall fevers are typhoid, some are malarial and a few of them are neither one, but the writer is opposed to the belief in an X fever.

#### **Is the Consumptive Chest Flat?**

W. Hutchinson (*Jour. A. M. A.*, May 2, 1903,) concludes that the typical tuberculous chest is round instead of flat, and has an average index of about 80, nearly 10 degrees above the normal. This type of chest precedes the disease, and is the abnormal persistence of the fetal, infantile and child type. Any chest more than 18 years of age, which shows an index of 80 or higher, should be regarded as abnormal, and as rendering its possessor more than usually liable to tuberculosis. The occurrence of such a chest in any patient over 18 years of age, suspected of tuberculosis, raises a strong probability of the disease. The chests of growing boys and girls should be systematically measured at stated intervals, and, whenever the index is found distinctly higher than that of the normal for their age, active measures should be taken to remedy the defect. All those sports and exercises which involve wide-swinging use and play of the arm, chest, and shoulder group of the muscles, such as tree climbing, swinging from ladders, from rings, from bars, ball throwing, spear hurling, tennis and swimming, will tend to correct this defect and flatten the chest down to its proper index. These, in fact, are the influences which have made the human chest-shape, and all that is needed to perfect it in the individual is a healthy reversion to the arboreal habits of our prehuman, and the war sports of our savage, ancestors.—*International Medical Magazine.*

## For Acute X-Ray Burns.

Engman (*Interstate Medical Journal*, July) has seen several instances of x-ray burns. With one exception they have been of the second degree or milder. There was no infection nor ulceration, the chief indications being to stop the intolerable itching, assist repair and keep the surface clean, for which the following is servicable:—

|                      |      |
|----------------------|------|
| Boric Acid.....      | 5xii |
| Zinc Oxide           |      |
| Starch               |      |
| Bismuth Subnitrate } | 5i   |
| Olive Oil.....       | 5i   |
| Lime Water.....      | 5iii |
| Lanolin .....        | 5iii |
| Rose Water.....      | 5ii  |

The powder should first be well rubbed up and then the lanolin added. The oil and lime water should be well mixed and added to the powder and lanolin, constantly stirring the mixture. The rose water is now added and the whole beaten to a paste. Should there be much pruritus, one or two per cent. of carbolic acid may be added. This is applied on several thicknesses of absorbent gauze and a piece of gutta percha tissue placed over it to prevent evaporation.

## Temperature in "Summer Complaint".

Waugh (*New York Medical Journal*, July 18th.) says that a study of the temperature of infants suffering from so-called "summer complaint" shows the presence of two widely divergent types. In one there is abnormal temperature in the axilla, slight elevation in the rectum, and the whole aspect indicates profound depression and relaxation. In such condition, atropine is of marked benefit.

In the other group of cases the epigastrium and forehead present, to the hand, a pungent heat. The pupils are contracted. Rectal temperature denotes hyperpyrexia. In these cases calomel is of advantage and should be followed by aconitine, or veratrine if the renal excretion is markedly diminished, and zinc sulfocarbolate should be pushed to full effect, combined with bismuth and pepsin. A warm bath, gradually cooled down, should be given and iced cloths should be applied to the head.

The Samuel D. Gross prize of \$1,200 will be awarded January 1, 1904. This prize is awarded every five years to the writer of the best original essay on surgical pathology or surgical practice founded upon original investigation. Candidates must be American citizens.—*Atlanta Journal Record*

## THERAPEUTICS.

## For Serous Diarrhoea and Dysentery.

|   |                      |   |    |          |
|---|----------------------|---|----|----------|
| R | Plumbi acetatis..... | 2 | 65 | (gr. xj) |
|   | Pulvi opii.....      |   | 65 | (gr. x)  |
|   | Camphoræ .....       | 2 | 65 | (gr. xj) |

M. Div. in pil. No. xx.

Sig. One pill every four hours.—*Review of Reviews.*

## For Cholera Infantum.

|   |                             |              |  |          |
|---|-----------------------------|--------------|--|----------|
| R | Acid. sulph. aromatici..... | 2            |  | (5 ss)   |
|   | Ext. haematoxylon fld.....  | 30           |  | (5 i)    |
|   | Tinct. opii camphorati..... | 4            |  | (5 i)    |
|   | Spts. chloroformi.....      | 3            |  | (m xlvi) |
|   | Syr. zingiberis.....        | q. s. ad. 90 |  | (5 iij)  |

M.

Sig. Teaspoonful every two hours.—*Review of Reviews.*

## Treatment of Whoopingcough.

J. Bernard employs the following to relieve the paroxysms in this disease:

|                          |          |           |
|--------------------------|----------|-----------|
| Bromoform .....          | 1 gm.    | (15 grs.) |
| Tincture of aconite..... | 1 gm.    | (16 m.)   |
| Alcohol 90 per cent..... | 20 gms.  | ( 5 5)    |
| Syrup of codein.....     | 100 gms. | ( 3½ 5)   |
| Syrup of tolu.....       | 150 gms. | ( 5 5)    |

One dessertspoonful 3 times a day.

Huchard associates quinin with aconite, thus:

|                         |   |                |           |
|-------------------------|---|----------------|-----------|
| Quinin sulfate.....     | 1 | of each 2 gms. | (30 grs.) |
| Extract of cinchona.... |   |                |           |

Extract of aconite..... 0.1 gm.) 1½ grs.)

For 20 pills. One 3 times a day.—*American Medicine.*

## For Neuralgic Dysmenorrhœa.

|   |                        |        |    |    |
|---|------------------------|--------|----|----|
| R | Apiol.....             | 5      | ij | 8  |
|   | Acetanilid .....       | gr. xj |    | 2  |
|   | Spts. Chloroform ..... | m. xxx |    | 2  |
|   | Alcohol q. s. ad.....  | 5      | ij | 60 |

M.

Sig. One teaspoonful in water every two or three hours.

## R. Antipyrin.

|                             |   |    |    |
|-----------------------------|---|----|----|
| Sodii Salicylatis a.a.....  | 5 | j  | 4  |
| Syr. Aurantii q. s. ad..... | 5 | ij | 60 |

M.

Sig. Teaspoonful every hour or two until pain is relieved.—*Journ. American Medical Assn.*

## COUNTY SOCIETIES.

*Clarksdale and Six Counties.* A number of new members have been added to the roll of the society and a large attendance is expected at the next meeting, which will be held at Clarksdale, Wednesday, September 9th., at 2:30 P. M. There will be a number of papers presented.

*Grenada.* On July 28th., at Grenada, Dr. K. P. Perkins organized the Grenada County Medical Society with the following membership: J. W. Sharp, Grenada; S. D. G. Scruggs, Grenada; W. H. Whitaker, Grenada; A. Martin, Hardy; T. J. Brown, Grenada; A. H. Bayes, Grenada; E. W. Currence, Holcombe; J. W. Young, Grenada; J. S. Sharp, Grenada. Organization was perfected by the election of Dr. J. W. Young President, Dr. A. Martin Vice-President and Dr. J. S. Sharp Secretary. The following were elected censors: Dr. S. D. G. Scruggs for one year, Dr. T. G. Brown for two years, Dr. J. W. Sharp for three years. The Society will meet the first Wednesday in each month.

Dr. Martin was selected to present a paper at next meeting, Drs. Brown and J. S. Sharp to open discussion.

The Secretary was instructed to correspond with all physicians in the county, soliciting their membership. An invitation was extended through Dr. Perkins to all the county societies in his jurisdiction to meet in Grenada at a time specified by him, for the purpose of forming a district society.

The thanks of the society were extended Dr. Perkins for the pleasure of his presence and for his characteristic zeal and ability in organizing this society.

The *Mississippi Medical Record* was adopted as the organ of the society.

*Marshall.* Dr. K. P. Perkins, councilor for the district, organized the physicians of Marshall county at Holly Springs July 30th. The following officers were elected: President, Dr. R. H. Peel; Vice-President, Dr. S. D. Hamilton; Secretary and Treasurer, Dr. R. A. Seale; Assistant Secretary and Treasurer, Dr. T. A. Moore; Censor for three years, Dr. J. W. Vaughan; Censor for two years, Dr. C. L. Hayes; Censor for one year, Dr. C. Daniel.

The election of delegates to the State Medical Association was laid over until next meeting.

The Constitution and By-Laws prepared by the American Medical Association for County Societies was adopted.

The Society than adjourned to meet in Holly Springs the first Monday in September.

*Perry.* On August 20th., at Hattiesburg, Dr. H. M. Folkes organized the Perry County Medical Society with the following officers: President, C. W. Bufkin; Vice-President, R. B. Stapleton; Secretary-Treasurer, J. J. Stevens. Board of Censors: W. W. Crawford, T. E. Ross, P. A. Carter. Hattiesburg was selected as the permanent place of meeting and the *Mississippi Medical Record* adopted as the official organ.

*Warren.* The county society held its regular monthly meeting at Vicksburg August 11th. The essayists of the meeting were Drs. R. A. Quin and E. F. Howard. The next meeting will be held September 8th., at which Drs. H. B. Wilson and C. L. Mengis will present papers.

*Yazoo.* The physicians of Yazoo county organized at Yazoo City July 23rd., the following officers being chosen: President, Dr. James P. Moore jr., Yazoo City; Vice-President, Dr. John Darrington, Yazoo City; Secretary and Treasurer, Dr. John McCormick, Yazoo City.

## THE BOARD OF HEALTH.

The following resolutions of the Board of Health, of vital interest to medical colleges, have been handed us by Dr. Hunter for publication:

WHEREAS: The experience of this Board shows a rapidly increasing number of applicants for license to practice medicine who are decidedly deficient in the elementary branches of an English education, who are unable to comprehend the meaning of many plainly written questions and whose early education is so meagre that it is impossible for them to grasp the principles of medicine; and since this is an injustice to the public, and dangerous to the lives and health of the people of the State of Mississippi,

*Be It Resolved,* That in future the names of the applicants who fail before this Board, as well as the names of those who pass, shall be given out for publication, with the names of the medical colleges of which they are graduates. And further

*Be It Resolved,* That the Secretary of this Board shall transmit to the various medical colleges, whose graduates appear before this Board, a list of students from their colleges who fail, with the request that greater requirements in the elementary branches of an English education be made of students who matriculate at their schools.

# EDITORIAL.

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E. F. HOWARD B.S., M.D.

Editor

## COLLABORATORS

H. L. SUTHERLAND M.D.,  
Rosedale.

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Vicksburg.

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Aberdeen.

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Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society and the Warren County Medical Society.

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It being the object of the *Record* to keep its subscribers posted, so far as possible, on what the profession is doing in Mississippi, the editor spent his summer vacation at Dr. Folkes' Sanatorium in Biloxi in order that he might be able to speak knowingly of this most excellent enterprise. The place is one of which we may well be proud. Right on the beach, the sound of the restless waters and the cool breezes that come from over them quieting and comforting its inmates, the sanatorium stands within its handsome grounds a veritable haven of rest to the weary convalescent. Equipped with all the necessities and most of the luxuries that go to make up an ideal institution of this class, it is admirably adapted for patients suffering from that most typically American disorder, neurasthenia, and for those who recovering from acute illnesses seek a place where they may find pleasant surroundings amidst which, with skillful attention and careful nursing, their cure may be completed.

The main building of two storys, contains twelve rooms besides baths, operating room, kitchen, pantries and a large dining room the equal of which it would be hard to find. Covered galleries run entirely around the front and sides of the building, which faces south, and wide halls give ample space for circulation to the breezes that sweep in from the Gulf. The rooms are large, with high ceilings and numerous windows, and several of them are fitted with private baths and toilets. The annex for male patients has eight large

rooms and is under the care of a special male nurse. The servants' quarters and laundry are in a neat cottage situated in rear of the main buildings.

Over a beautifully shaded lawn, some hundred or more feet, where grass and flowers grow in tropical profusion, one comes directly out upon the beach road beyond which is the water. A private pier leads down to a commodious bath house, containing several dressing rooms, from which one steps directly into the best bathing on that part of the coast. Work is already begun on a two-story pavilion, the upper part of which is to be covered and walled with glass, situated at the end of the pier.

Dr. Folkes is to be congratulated on the splendidly equipped plant he has at his command, but the people of the state are even more to be congratulated at having been supplied with so complete and elegant a resort, and our profession most of all for having produced the man with brain and energy sufficient to produce single-handed such splendid results.

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The resolutions of the Board of Health which appear on another page of this issue are respectfully recommended to the consideration of the medical colleges of the country and especially of the South. It simply tells the old, old story of colleges striving to keep up, and to increase, their rolls of students and prostituting their reputations and cheapening the value of their diplomas in their pursuit of pupils and the accompanying dollars. The writer of this article has been too intimately associated with medical students in the past ten years not to know that the reason so many students fail on their examinations is not lack of merit on the part of the colleges, but that their deans do not enforce the entrance requirements. And it cannot be expected that the student who has had little or no preliminary education can acquire the same amount of medical knowledge as the better prepared man. Bishop Dudley, of Kentucky, used to say that a man would make a better blacksmith for having a knowledge of Greek, not that the command of Greek roots would help him to weld metal any better, but that the training the mind received in acquiring such knowledge would make the man better fitted for any calling he might after-

wards adopt. This is as true of any preliminary education, and could hardly be more forcibly expressed. And when a young man enters upon the study of medicine unprepared he is like a child groping in the dark. The better part of medicine is to him a sealed book, the covers of which he is never able to open, and while he may have for a time some apparent success he will never rise above the ranks and will, if he be a man of conscience, have many causes for self-reproach.

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Again we note, and with great pleasure, the formation of county societies. Grenada, Marshall, Perry and Yazoo have swung into line and adopted the revised form of constitution advised by the American Medical Association. The profession is well represented in all of these counties, both in quality and quantity, so there is no reason why each should not support a society that can make itself felt in the state association and take its place in the public affairs of its county. We wish each of these young organizations the utmost success and a prosperous career.

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#### **"THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION."**

We have noticed several editorial comments on the methods of the *Journal of the A. M. A.*, and as most of these have a common object, it is perhaps timely that we should in turn pass some remark upon the motive and principle involved. We have persuaded ourselves that the purposes of the American Medical Association are first and above all to organize the medical profession in the United States, and secondly, to create a scientific spirit to the end that each individual may profit professionally and materially by his connection. To further these objects a plan of organization has been evolved, and a *Journal* has been brought to a full growth. The questions arise, are the representatives conducting the business of the Association fulfilling their exact office in the methods employed, and is the *Journal of the A. M. A.* the official organ of the A. M. A., or is it a business enterprise, intended to amass funds which are not *necessary* to the purposes of said Association? Criticisms call attention to the fact that subscribers are solicited and advertising obtained beyond the needs of the Association, and to the detriment of

other journals, legitimately serving local divisions of the A. M. A., and entitled to the right to live and thrive.

These questions are serious and they promise much of disquietude for the integrity of the Association unless they are fully and freely answered by those responsible for their existence, the managers of the *Journal of the A. M. A.* and their advisers.

The provincial or local journal, is going to fulfill its object and we do not believe that the *Journal of the A. M. A.* is going to develop into the octopus, but we believe that every journal with its following has the right to discuss the method of the administration of the funds of the A. M. A., and if even one element of progress is influenced, that should weigh for something.

Let the Association *Journal* answer these questions :

1. What are the necessary expenses of the Association ?
2. What are the necessary expenses of the *Journal* ?
3. What is the actual income from members of the Association ?
4. What is the actual income from subscribers not members ?
5. What is the actual income from advertisements in the *Journal* ?
6. What disposition is made of the balance of the funds ?
7. Why does the Association enter into competition with other medical Journals, if it is not necessary and may do harm ?"—*New Orleans Medical and Surgical Journal*.

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## BOOK REVIEWS.

**International Clinics.**—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy M.D., Chicago; Alexander D. Blackader M.D., Montreal; H. C. Wood M.D., Philadelphia; T. M. Rotch M.D., Boston; E. Landolt M.D., Paris; Thomas G. Morton M.D., Philadelphia; James J. Walsh M.D., New York; J. W. Ballantyne M.D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume II; Thirteenth Series.

With due regard to the season the opening chapters of this number are devoted to summer diarrhoea. A chapter on

"Milk Bacteria and Intestinal Disorders", one on symptomatology and four on treatment make up a collection that is unusually noteworthy. Two articles on that comparatively unknown organ, the pancreas, are of interest and one on the causation and treatment of sterility in woman will be found helpful. For the remainder, the articles are well up to the high standard of the work and the book as a whole compares very favorably with its predecessors.

**Disease of the Pancreas, Its Cause and Nature**, by Eugene L. Opie M.D., Associate in Pathology in the Johns Hopkins University; Fellow of the Rockefeller Institute of Medical Research. J. B. Lippincott Co., Philadelphia and London. Price \$3.00.

The paucity of exact information concerning the pancreas either in health or in disease renders an expression of opinion on this subject of no little interest. The author has wisely prefaced his observations with carefully written chapters on the anatomy, anomalies and histology of the pancreas in which the reader will find much that will aid him in comprehending what comes more strictly under the title of the book.

**A Nurse's Handbook of Obstetrics** for Use in Training Schools, by J. B. Cooke M.D., Fellow of the New York Obstetrical Society; Lecturer on Obstetrics to the New York Training School for Nurses, etc. J. B. Lippincott & Co., Philadelphia and London.

While written essentially for the nurse, for whom it is admirably suited, this book will be found of great interest to the practitioner of obstetrics, containing as it does most of the essential procedures in such work. Sufficient space is given to the anatomy of the female pelvis and of the fetus, and to the physiology of pregnancy, to enable the nurse who masters it to work understandingly, and the chapter on the disorders of pregnancy is well written. A chapter is given to the management of pregnancy. The outfit of nurse, patient and baby are described. The chapters devoted to the mechanism of labor are about what is generally found in works of this class. The concluding chapters are devoted to the care of the infant at term and of the premature infant and to infant feeding. The book is profusely illustrated and should well fulfill the purpose for which it is written.

**The Practical Medicine Series of Year Books**, comprising Ten Volumes on The Year's Progress in Medicine and Surgery, issued monthly under the general editorial charge of G. P. Head M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VII. Pediatrics, edited by I. A. Abt M.D., Assistant Professor of Medicine, Rush Medical College; Orthopedic Surgery, edited by John Ridlon A.M., M.D., Professor of Orthopedic Surgery, Northwestern University Medical School. The Year Book Publishers, 40 Dearborn St., Chicago. Price of Series, \$7.50; price Vol. VII, \$1.50.

As is to be expected, Hygiene, Dietetics and Diseases of

the Digestive Organs occupy a prominent position in the part devoted to pediatrics and the selections here given are a fair resume of the past year's work in these directions. Measles, scarlet fever, varicella, diphtheria, whooping cough, typhoid fever and rheumatism are the special diseases noted, and diseases of the respiratory and circulatory systems, of the blood, skin, kidneys and genitalia and diseases of the nervous system make up the remainder.

Of course "Bloodless Surgery", congenital dislocation of the hip and club foot bear the brunt of the second part, but there are also sections devoted to Potts' disease, hip disease, coxa vara and other affections that come within the domain of orthopedic surgery.

**Plain Hints for Busy Mothers**, by Marianna Wheeler, Superintendent of the Babies' Hospital, New York. E. B. Treat & Co., New York. Price, 35c.

This little pamphlet by an experienced nurse while containing much of merit is rather too iron clad and dictatorial to find marked favor with many mothers while its therapeutic suggestions will in some instances, if followed, cause the busy mother to assume an unwarranted responsibility.

### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)  
FOR JULY, 1903.

| CAUSE                          | WHITE |        | COLORED |        | TOTAL |
|--------------------------------|-------|--------|---------|--------|-------|
|                                | Male  | Female | Male    | Female |       |
| Burns.....                     |       | 1      |         |        | 1     |
| Congestion.....                | 1     |        |         |        | 1     |
| Drowned .....                  |       |        | 1       |        | 1     |
| Enteric Colitis.....           |       | 1      | 1       | 1      | 3     |
| Gastro Intestinal Catarrh..... |       |        |         | 1      | 1     |
| Gun Shot Wounds.....           |       |        | 1       |        | 1     |
| Malarial Fever.....            |       |        | 1       | 1      | 2     |
| "    Cachexia.....             |       |        | 1       |        | 1     |
| Marasmus.....                  |       | 1      |         |        | 1     |
| Pertussis.....                 |       |        | 1       | 1      | 2     |
| Phthisis Pulmonalis.....       |       | 1      | 1       | 1      | 3     |
| Typhoid Fever.....             | 2     | 2      |         | 1      | 5     |
| Cause not given.....           |       |        | 1       |        | 1     |
|                                | 3     | 6      | 8       | 6      | 23    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

# *Mississippi Medical Record.*

VOL. VII.] OCTOBER 1903. [NO. 10.

## ORIGINAL CONTRIBUTIONS.

### \*IMPORTANCE OF UNCIARIASIS TO THE SOUTHERN PRACTITIONER.

ISAAC IVAN LEMANN M. D.,

NEW ORLEANS, LA.

To those who have seen coming from our surrounding country numbers of patients in a condition precisely similar to that of the boy to be presented to you to-night, and who have endeavored without avail to remedy the extreme anemia present, the discovery that this apparent paludism is in reality due to an intestinal parasite is nothing short of a revelation. The importance of this fact to the practitioner of the Southern States, especially the practitioner of the country districts, cannot be overestimated. Competent men who have undertaken investigation have not hesitated to declare that "time will show that by far the greater number of cases of anemia in Georgia, Alabama and Florida are due not to malaria, but to ankylostoma and this is the most common of all the serious diseases in this region."<sup>1</sup>

Up to last year (1902) only some sixteen cases had been reported in this country, one of which was reported to this society in July 1899 by Dr. C. H. Tebault Jr. In this case the identification of the ova was done by Dr. O. L. Pothier.<sup>2</sup> In 1901 there was, as Stiles remarks, a sudden increase in American observations.<sup>3</sup> The identification by Stiles in 1902 of a new species of hookworm endemic in the United States, and the rather cursory, but, nevertheless, important investigations by this observer into the prevalence of profound anemias in the Southern States has aroused the greatest interest and stimulated investigations in this region. In the past year we find reported by such observers as Bondurant and Henderson, of Mobile, and Harris and Smith, of Atlanta, numerous cases of the disease in their outlying districts. One of the most interesting of the symposia at the last meeting of the American Medical Association was that upon this subject and it was the universal verdict of those

\*Read before the Orleans Parish Medical Society Aug. 8th. 1903.

participating in the discussion that hookworm disease would in time be proven to be one of the most important that the physician of the rural districts of the South is called upon to treat.

A few words as regards the distribution of this disease as caused by the congeners, *ankylostomum duodenale* and the new *Uncinaria Americana*, may not be amiss. It exists interrupted over about three-fifths of the habitable globe between 50° north latitude and 30° south<sup>5</sup>. The *ankylostomum* is found in 90 per cent. of all necropsies at the Kasr-el-Aini Hospital in Cairo<sup>5</sup>. In Demerara its presence was noted in 52 per cent. of necropsies and in Assam Dobson found the ova in the dejecta of 454 out of 547 immigrants from India.<sup>5</sup> Dr. Thornhill, of Ceylon, considers *ankylostomum duodenale* the greatest enemy of the human race in the tropics.<sup>5</sup> That the disease is of importance elsewhere is shown in the discussion in the last International Congress of Coal Miners, held at Brussels.<sup>6</sup> It was there stated that in the coal fields of Ruhr, Germany, more than 25,000 miners were affected. In four mines, 90 per cent. of the miners were affected. The disease seemed to be gaining ground in Germany since 1896 and the average vitality of the miners had been reduced from 45 to 40 years of age. In Belgium in certain mines, the ova were present in the feces of from 70 per cent. to 80 per cent. of the miners. *Ankylostomiasis* has been reported from the mines in Cornwall, England.<sup>7</sup> In Servia and Bulgaria it is said to be endemic.<sup>8</sup> Undoubtedly it exists in the Philippines, as we have on our record a number of cases of American soldiers who must have been infected during their stay in the archipelago.<sup>14 15 16</sup> In the Western Hemisphere hookworm disease has been found in Cuba<sup>9</sup>, Panama<sup>1</sup>, Alabama<sup>10</sup>, Georgia<sup>11 12 13</sup>, Porto Rico, Missouri, Louisiana, Mississippi, Florida, South Carolina, North Carolina, Virginia, New York, Pennsylvania<sup>3</sup>—a very wide distribution indeed. The worm found in the Eastern Continent is the *ankylostomum duodenale*, while that found in the Western is probably always the new *Uncinaria Americana*.

One cannot fail to be impressed by the vast field opened up for the treatment of dirt-eating and the marked anemias so frequently diagnosed as chronic malarial cachexiae, heart disease, etc., by the observation of Dr. Ch. Wardell Stiles, Chief of the division of Zoology Hygienic Laboratory United States Public Health and Marine Hospital Service, who, though not a physician, has corellated the pathological state with the presence of this parasite. The publication of his report this spring by indicating the widespread nature of the infection will prove to be epoch-making. As an index of the kind of cases we shall find to be due to this parasite, I

may quote the experience of Agramonte<sup>17</sup>, who undertook a careful examination of all cases of persistent anemia of obscure origin admitted to hospital 1, Havana, and encountered numerous cases of uncinariasis the existence of which had not been suspected. Of 16 cases (5 women, 11 men) the diagnosis before the discovery of the ova in the feces had been: Paludic hydrexia, 3 cases; chronic paludism, 2 cases; paludic cachexia, 7 cases; splenic anemia, 3 cases; intestinal tuberculosis, 1 case.

The symptoms of the disease are well described by Dr. O. Baker in the British Medical Journal, March 28, 1903. Epigastric discomfort or pain is one of the earliest. This is followed by a capricious appetite, e. g., dirt-eating; in many cases bulimia exists. Soon anemia appears. In the more advanced cases there is a chalky, white pallor of the nails, the mucous membranes are blanched, hemic murmurs are heard in the precordial region and the pulse is empty. There is cardiac distress and mental and bodily apathy. Albuminuria occurs, but not invariably. Edema begins in the legs and becomes general. In many cases there is marked ascites causing the well known "pot-belly." Blood analyses show great reduction of hemoglobin and of the number of red blood corpuscles. In some cases (advanced) the blood condition would suggest pernicious anemia. As is the case in most infections with animal parasites, there exists an eosinophilia, i. e., an increase in the relative number of eosinophilic leucocytes. This train of symptoms is accounted for as we shall see, by the continual withdrawal of blood from the host by the innumerable parasites fastened to the intestinal wall. In many cases there is a low grade of fever (Circa 100° F.) and this together with certain appearances at autopsy has led to the theory that the parasites secrete a hemolytic ferment or toxin<sup>5</sup>. This, however, is a disputed point. Stiles describes a peculiar "dull, blank, almost stupid, fish-like, or cadaveric stare" to which he attaches considerable diagnostic value.

At autopsy there is found anemia of all the organs, fatty degeneration of heart, liver and kidneys<sup>5</sup>. Myriads of worms are found in the intestines, not however in the duodenum, but usually in the jejunum. Sandwith (1894, pp. 17 to 20) asks, "Can it be that when the duodenum becomes thickened and riddled, as it were, with ravages of former generations, the ankylostomum fastens by preference on to the jejunum?" The mucous membrane of the small intestine shows the numerous "bites" and in places is more or less necrosed<sup>5</sup>. Ernst, of Cologne, found 2,768 worms at one autopsy.

Such the disease and such the results. Its diagnosis is exceedingly simple, being dependent solely upon finding the

ova in the feces. The adult worms are never expelled except after the administration of a vermifuge. The examination is simple: Take a small amount of feces about the size of the head of a large pin; spread this out in a drop of water on an ordinary microscopical slide and cover with a cover glass. Examine with a two-thirds or a one-sixth objective. The egg of *Uncinaria Americana* is oval, with a thin hyaline shell. The protoplasm is non-segmented or more or less segmented according to the stage of development. The eggs are about 20 times the size of red blood corpuscles. Stiles suggests also placing an ounce of the feces on a piece of blotting paper; shortly thereafter a reddish brown stain appears, indicating the presence of blood. The adult worms which will also be shown you to-night are about half an inch in length. These *Uncinaria Americana* differ from the old world worm (*ankylostomum duodenale*) chiefly by the replacement of the two ventral recurved, hook-like teeth at the buccal end by a pair of semi-lunar plates. The other or chief difference between the two species is that the egg of the *Uncinaria Americana* is larger than the other. The sexes are differentiated, the vulva in the female being in the anterior half of the body near the middle. The life history of the species is the same. The ova are discharged in the feces as they are shown you to-night, either segmented or unsegmented; no further development takes place in the intestines. In from one to two days after their discharge the eggs undergoing further segmentation finally yield larvæ, which are still microscopic (three mm. long). Unfortunately we are unable to show you any. The larva casts its skin on the second and again on the fifth day and is then ready to infect men again. For this extra-corporeal existence oxygen is necessary<sup>3</sup>. Freezing kills the embryos. Too much water retards their development and drying kills them<sup>3</sup>.

The mode of infection is chiefly through the mouth, due of course to unclean habits and to dirt-eating. Parenthetically it may be remarked that we have here established a vicious circle, the infection being due to dirt-eating and it in turn causing a capricious and unnatural appetite. Looss of Cairo has advanced the theory that the larvæ penetrate the skin through the hair follicles and entering the body thus finally reach their preferred habitat, the intestines. His experiment<sup>5</sup> of placing embryos on the leg of a boy about to be amputated for disease one hour before its amputation is of extreme interest. After the removal of the limb he made sections of the skin and found many hair follicles packed with embryos. Stiles<sup>3</sup> also quotes Bentley's theory that groundditch (*panighao*) is due to the *ankylostomum duodenale*. But all this is rather of academic interest, the prophy-

laxis being the same whether the infection be carried through the skin or by the hands through the mouth. A recent issue of the Journal of the American Association<sup>18</sup> quoting from the Allgemeine Medicinische Ct. Zeitung says that at Bochum, Germany, a new source of infection has been found. The parasites have been found in the eggs of hens which had access to soil fertilized by the dejecta of miners. "All the members of the scavenger's family, who were in the habit of eating eggs raw, were found to have the disease. The hens showed no symptoms of it, but investigation of the eggs revealed the larvæ in profusion."

We now come to the treatment. Of course prophylaxis is of prime importance. In infected districts proper latrines must be constructed and their use made obligatory. Bearing in mind the fact that oxygen is essential to the development of the larvæ, such disposition of the dejecta should be made as to prevent the access of air. Above all, the people must be taught the necessity of personal hygiene, particularly the need of carefully cleansing the hands just prior to partaking of food. Patients removed from the source of infection tend to get well spontaneously, as the life of the parasite is limited, five years being the utmost time. Since all stages of development cannot take place in the intestine of man it follows that the patient when removed from the locus of infection will, unless he reinfects himself from his own dejecta or his anemia be so far advanced as to preclude the possibility of his recovery, proceed to a cure spontaneously.

Therapeutic measures are directed first to the removal of the cause and secondly to repairing the ravages of the parasite. Thymol in doses from ten to sixty grains, preceded by calomel and followed by another purgative (e. g. castor oil), is the preferred anthelmintic, though ol. res. filis mas is used by some. Some caution is to be used in the administration of thymol, as the drug in large doses is toxic, acting particularly as a cardiac depressant. To patients much depressed by a profound degree of anemia and to patients advanced in years, it is best to give the ten-grain dose, even at the probable risk of having to repeat several times in order to rid the economy of all parasites. The approved method, however, is to give two doses of thirty grains each, with an interval of two hours. It is well to precede this drastic measure by at least a brief course of stimulation with digitalis or strychnin. Alcohol should be avoided as it increases the solubility of the thymol, and hence increases its toxicity. The patient being rid of the parasites, our attention must be directed to remedying his anemia by means of ferruginous tonics, etc., etc.

The prognosis is good, except in such cases where a hy-

demic condition of the blood and depression of the patient exist, the final stages of the disease.

The lesson of the study of this disease may be summed up in the words of Baker<sup>5</sup>: "No clinical examination of a patient living in a tropical (or other) country where parasiticism is such an important etiological factor in disease, can be deemed adequate which does not include a microscopical study of his blood and dejecta."

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#### TWO CASES OF TYPHOID FEVER.

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The dictum of Professor Jackson that it takes one thousand cases to demonstrate a medical fact remains true to-day, in spite of the fact that so many undigested medical observations are given to the press as veritable discoveries. However, the average medical man would find it indeed difficult to wait until his series of cases had amounted to the classic number necessary to demonstrate the fact he desired. It is therefore better for the average practitioner to record his observations as he finds them, trusting to the medical gleaner to gather them and complete the series. With this thought in mind, the writer ventures to record his experience in two cases of typhoid fever with a new drug, acetozone.

H. A., aged 13, at school in Tennessee. Several pupils sick with so-called slow fever and removed to their homes. On April 5th. this boy had a severe attack of epistaxis, which did not relieve his headache. On the 6th. he felt dull and heavy, could not tell if he felt feverish. His temperature was 103° F. when the school doctor saw him and it varied from 101° to 103° F. His parents being alarmed, it was decided to bring him home. He arrived here on the 12th., just one week from beginning of illness. First examination revealed flushed cheeks, bright eyes, tongue brown with white tip, abdomen tympanic, temperature 103½° F. He had been purged freely at school. An enema was given and sponge baths ordered. He was placed on milk with lime water. The next day numerous rose red spots appeared on chest and upper abdomen, thus clinching the diagnosis of typhoid. We felt justified in adding to our treatment the new intestinal antiseptic, acetozone. His actions were six to eight in twenty-four hours at this time, very foul and pea-soupy in character. A half gallon of boiling water was allowed to cool and thirty grains of acetozone dissolved in it. It was placed on ice and all other drinking water forbidden. He drank the half gallon in thirty-six hours. Its effects were a pleasure to the patient, physician, family and nurse; the headache, the foul stools and tympanities began to subside. The crop of rose-red spots was checked and quickly faded out. On the 14th. his highest temperature was 103° F.; on the 15th. 102½° F. and, the treatment being continued, on the 18th. reached the normal line. We continued acetozone in the same dose during convalescence, being determined to keep the intestinal tract in as antiseptic a condition as possible and avoid a recrudescence. The patient recovered his strength so rapidly that with difficulty was he restrained in bed.

Case II. was Mrs. M., aged 30. Had been feeling ill one week with headache, slight fever gradually rising. When first seen temperature was 103° F., she had headache, tongue was brown, she was constipated and the abdomen was distended. The patient herself made the diagnosis, saying her initial symptoms were like those of a friend who lived near by, who had typhoid fever. As soon as the spots appeared acetozone—thirty grains to half gallon of water—was begun, as in previous case. The temperature at once began to fall

and reached normal in nine days. The only treatment besides acetozone in this case was the elixir nitroglycerin, digitalis and strychnin, teaspoonful every three hours, given because the second sound of the heart became weak.

The conclusions, therefore, if any can be drawn from such a short series of cases, are as follows:

Two cases treated with acetozone alone.

All bad symptoms mitigated.

Patient made more comfortable.

Foul stools abolished.

Disease apparently checked and temperature steadily lowered.

In the face of such facts, we believe acetozone deserves a full and fair trial in the treatment of typhoid fever.

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#### REPORT OF FOREIGN BODIES IN THE EAR AND THROAT.

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M. H. BELL M.D.

VICKSBURG, MISS.

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Before taking up the cases singly, a few words concerning the lodgement of foreign bodies in the ear and throat may not be out of place. It is a subject about which little is said in text books and the physician is frequently disappointed when "looking up" on the subject.

Shurly's recent work on "Diseases of the Nose and Throat" gives an unusually complete chapter on this subject and in the following remarks I shall quote freely from him. He says "the lodgement of foreign bodies in the upper air passages is not of common occurrence. While the majority of healthy persons are never so afflicted, yet there are a few who are every now and then subjects of such an accident, in whom there is undoubtedly some peculiarity in the anatomical formations of the throat or some physiological peculiarity of the nervo-muscular apparatus to account for it. Of 4048 patients applying to Juaraz's clinic at Heidelberg, 106 applied for the removal of foreign bodies from the throat, but in only four was a foreign body found. Of 7840 patients applying to the throat department of the New York Eye and Ear Infirmary during five years (1885 to 1890) none had

any foreign body in the pharynx, palate, fauces or tonsils. Fifteen had foreign bodies in the larynx and sixteen had foreign bodies in the nasal cavities." In my experience, foreign bodies are more frequently found than the above figures would indicate. Of one hundred cases applying for treatment of the ear, nose or throat, eight have applied for removal of a foreign body and in five of the these the foreign body was found and removed. Two of the cases were of foreign body in the ear, two in the œsophagus and four in the pharynx.

The offending body in the throat may be almost anything small enough to be placed in the mouth. Small fish bones and bones from small animals or birds are probably the most usual causes of disturbance. The most frequent site of lodgement is in or around the tonsils, but may be any part of the throat. The patient usually complains of pain on swallowing and can in most cases locate the painful spot corresponding to the place where the body is lodged. However there may be no symptoms as is illustrated by Case No. VI.

Regarding foreign bodies in the external auditory canal I might say that we usually see these in children who have introduced some object into the external meatus. A very great variety of objects have been found in this locality. The patient may have absolutely no symptoms pointing to the trouble unless the foreign body causes an inflammation of the external canal or of the middle ear.

The indication is always to remove the foreign body as soon as possible and some of the methods in use to do this will be spoken of in detailing the treatment of the following cases:—

Case I.—A. B., colored, aged 35, came to consult me June 5th. 1903. While at supper on the previous evening she swallowed a small chicken bone and thinks it lodged in her throat. The patient says she is able to feel the bone at the base of the tongue but is unable to pull it out. Pharyngeal and laryngeal examination revealed nothing except a highly congested epiglottis. I introduced my index finger to make a digital examination of the fauces and immediately I touched the epiglottis the patient declared that I had the

bone. She had been trying to extract the epiglottis, fortunately without success. She was assured that there was no bone and that she had better quit trying to pull out her epiglottis as it was a normal part of her throat. All symptoms subsided in three or four days under an alkaline spray.

**Case II.**—H. D., colored, aged 20, consulted me April 10th. 1903, complaining of a small fish bone which had found lodgement in his throat on the previous evening. Knowing that small bodies of this character lodge in the tonsils more frequently perhaps than in any other part of the throat, I looked there before going any further. The only symptom the patient had was a slight pricking sensation in the right side of the throat when swallowing. The bone was found near the center of the right tonsil and was easily removed. It was about one-half inch in length and as thick as an ordinary pin. I applied two per cent. silver nitrate solution to the tonsil to allay soreness. The patient had no further trouble.

**Case III.**—B. F. was referred to me by Dr. R. A. Quin Aug. 10th. 1903. A small fish bone had lodged in her throat the previous evening, since which time she has had much difficulty in swallowing. The patient located the seat of pain in the right side of the fauces. There was no swelling or inflammation to be seen. I wrapped the end of a small probe with cotton and drew it over the tonsil and during this manipulation the patient declared she could feel the cotton pull the bone. I could detect no resistance to the probe nor could I see the foreign body. I applied two per cent. solution silver nitrate and asked the patient to return on the following day. I did not see her again for twelve days, when she returned saying that she had been having constant pain in her throat and had been unable to take any except liquid food. There was this difference, however, she now located the pain just above the sternum, to the right of the median line. The pain had changed from the tonsil to this location the day after she first consulted me. The larynx was normal. I gave a prescription for a mucilage of *Ulmus Fulva Cortex*. The symptoms were very much better on the following day, since when I have heard nothing further from the patient.

**Case IV.**—F. M., colored, aged 30, was referred to me by Dr. Haralson May 28th. 1903. On the previous evening a

small fish bone had lodged in the throat. The only symptom was pain, likened to the pricking of a needle, when attempting to swallow. She located the bone on the left side of the fauces. It was easily found, in the tissue just below the tonsil, and removed. It was half an inch in length and very small. I made an application of two per cent. silver nitrate solution to prevent soreness and the patient was well in three days.

Case V.—J. M., colored, aged 80, was referred to me by Dr. J. H. Purnell April 23rd. 1903. On the previous day he had swallowed a small bit of bone while eating beef and thought it had lodged in his throat. Since then he has had considerable pain, especially when swallowing. He located the pain just below the larynx. Laryngeal examination was negative. I passed an œsophageal probang three times but without any result, unless the bone was dislodged and passed downward into the stomach. The patient left the office saying that he felt much better and was to return in a day or two, but I have never seen him since.

Case VI.—L. B., aged 2½ years, was seen in consultation with Dr. L. A. Murdock, of Port Gibson, and Dr. Haralson at the Vicksburg Infirmary June 22nd. 1903. Ten days previous the patient had swallowed a five-cent "nickel". The mother and child both declared that the coin had found lodgment somewhere in the throat. There were no symptoms pointing to this, but to allay the mother's anxiety the child was brought here, from Port Gibson, for examination. Dr. Howard of the Infirmary staff was called in to make an X-Ray examination to try to locate the foreign body. It was found to be in the œsophagus, on a level with the upper border of the sternum. It was lying laterally, the flat side presenting anteriorly. Under chloroform, an attempt was made to reach the coin with the laryngeal forceps, but was unsuccessful on account of the resistance which the throat offered. This was so great that I could not determine when the two metals came in contact. I then passed the bristle probang and extracted the coin without difficulty. Recovery was rapid, the little rise of temperature which followed lasting only a few days and yielding to quinine. This shows most decidedly the great usefulness of the X-Ray, both for examination and

location of foreign body and as a help to enable us to direct the treatment properly.

Case VII.—B. T., colored, aged 8, was referred to me by Dr. R. A. Quin April 29th. 1903. The boy had pushed a cotton seed into the external auditory canal of the left ear on the previous day. The parents had made several attempts to extract it with the usual results: i. e., lacerating the skin of the canal and pushing the foreign body deeper. All the usual methods used for extracting foreign bodies from the canal were tried with no result. The canal was so sensitive that nothing could be done towards instrumental extraction, so it was decided to give an anesthetic. Under chloroform a small ear hook was passed along the side of the seed and then turned so that the point caught in it and it was extracted without difficulty. The drum was not ruptured. The patient was carried to his home and I have heard nothing further from him.

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### COUNTY SOCIETIES.

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HARRISON COUNTY MEDICAL SOCIETY went into permanent organization at Gulfport June 2nd. and organization was completed in Biloxi August 11th. The following officers were elected: J. J. Washington, Pass Christian, President; H. M. Folkes, Biloxi, Vice-President; R. W. Shipp, Gulfport, Secretary and Treasurer; Drs. C. A. Sheely, J. B. Kilgore and J. J. Wyman, Board of Censors.

The president deferred appointing Committee on Legislation until next meeting. Gulfport was selected as the permanent place for meeting unless otherwise ordered. The *Mississippi Medical Record* was chosen for the official organ of the society. Drs. Sheely and Wyman were asked to prepare papers for the next meeting, which will be held in Gulfport Tuesday, September 15th.

JACKSON COUNTY MEDICAL SOCIETY held its regular meeting at Pascagoula August 12th., seven members being pres-

ent. Dr. J. A. Tabor read a report of "A Peculiar Case of Partial Loss of Memory for Twenty Hours". A Committee on Publication was elected, consisting of the president and secretary and Dr. O. L. Bailey. Drs. H. Shannon and C. G. McEachern were put on duty for papers at the October meeting.

The society met September 9th. at Pascagoula in the Cottage-by-the-Sea Hotel. Dr. C. E. Burnham read a paper on "Advanced Therapeutics", dealing with psychic therapy. Drs. B. F. Duke and W. R. Kell were appointed essayists for the November meeting. The next meeting will be held at Pascagoula October 14th.

LAFAYETTE COUNTY MEDICAL SOCIETY was organized at Oxford July 29th, by Dr. K. P. Perkins. The following officers were elected: President, W. S. Banks, Abbeville; Vice-President, F. B. Linder, Oxford; Secretary and Treasurer, P. W. Rowland, Oxford.

MARSHALL COUNTY MEDICAL SOCIETY held its regular monthly meeting at Holly Springs Sept. 7th. Several applications for membership were received. The *Mississippi Medical Record* was adopted as the official organ of the society. The next meeting will be held Oct. 5th.

PEARL RIVER-MARION COUNTY SOCIETY was organized at Lumberton Sept. 8th. by Dr. Folkes, councilor of the district. The following officers were elected: President, W. J. Hunnicutt, Poplarville; Vice-President for Marion County, T. B. Ford, Columbia; Vice-President for Pearl River County, W. W. Hall, Lumberton; Secretary, C. C. Bass, Columbia; Treasurer, R. W. Thompson, Lumberton; Censor for one year, L. L. Polk, Purvis; for two years, Buford Larkin, Columbia; for three years, S. B. Harmon, Lumberton. The *Mississippi Medical Record* was adopted as the official organ of the society. The society will meet at Lumberton the second Wednesday in each month at 11 A. M.

WARREN COUNTY MEDICAL SOCIETY held its regular monthly meeting at Vicksburg Sept. 8th. Drs. H. B. Wilson and C. L. Mengis were the essayists of the occasion. The next meeting will be held Oct. 13th., at which Drs. A. T. Mitchell and Jno. Birchett will present papers.

## ABSTRACTS AND EXTRACTS.

**The Matas Treatment of Aneurysms.**

Bullock (*American Medicine*, Aug. 29th.) describes the method, which he used with success in treating a large diffuse aneurysm of the femoral artery of traumatic origin, as follows:

“Control circulation by compression on the proximal side of the tumor. Incise the sac longitudinally its entire length, avoiding dissection of the sac more than is necessary to expose and protect important overlying structures. Evacuate the blood and clots and examine carefully for openings of the vessels. There are two large openings in a fusiform, and one in a sacculated aneurysm. Look closely for mouths of collateral vessels, and close these at once by suture if there is hemorrhage. Scrub the interior of the cavity gently with gauze soaked in sterile saline solution, close all visible openings of the sac by sutures with chromicized cat-gut on round full curved needles. The continued suture, as a rule, will do well in all cases. Eight or ten sutures to the inch are more than sufficient. In dealing with the larger openings the needle should penetrate 1-4 inch or 1-6 inch beyond the margin of the orifice, and then after reappearing at the margin dip again into the floor of the artery and continue to the opposite margin as in the start. It is frequently advantageous to continue the line of suture from one orifice to the other; these sutures include the floor of the sac and are applied on the Lembert plan. The constrictor should now be removed, any oozing will usually be stopped by pressure, and the subsequent part of operation. A second row of Lembert sutures over the first is sometimes useful when the sac is very large. The skin flaps lined on their inner surface with smooth sac wall, can, as a rule, be made to touch the bottom of the cavity by one or two relaxation sutures on each side. The sutures are best applied with a large-size full-curve intestinal needle, which is made to grasp a considerable portion of the sac wall in its bight. The needle should penetrate the entire thickness of the sac. The ends of the loop thus formed are carried through the skin flaps by transfixion with a Reverdin needle and tied firmly over a loose pad of gauze. A few sutures through the skin complete the operation.”

**The Electrical Treatment of the Vomiting of Pregnancy.**

Granger (*New Orleans Medical and Surgical Journal*, Sept.) quotes Hewitt (*Medical Record*) as urging that “a

proper distinction be made between the vomiting of pregnancy, which is produced by and directly dependent upon the condition itself, and the vomiting occurring during pregnancy yet due to diseases or causes not connected with the pregnant state: such as gastro-enteritis, cancer of the pylorus, carcinoma of the liver, biliary calculi, fatty degeneration of the liver, pulmonary and cerebral tuberculosis, etc.

A still further division could be made into those cases with a marked neurotic constitution, in which the vomiting is only one evidence of the increased irritability of an already hypersensitive nervous organism; and those cases in which there is no such predisposition, the vomiting being purely reflex from uterine causes."

Pilgrim says that "the sympathetic nerve centers of the uterus communicate with the third and fourth cervical and second lumbar nerves, therefore in close relation with the sympathetic branches of the pneumogastric in the neck, and we can readily understand how a reflex irritation from the uterus can react on the pneumogastric."

Apostoli, of Paris, advocates positive galvanization of the pneumogastric, applied to both vagi simultaneously.

The author concludes that: "The treatment is identical in all cases of vomiting and consists in a descending galvanism of the pneumogastric."

The quantity of the current depends on the tolerance of the patient and the resistance to be overcome, the rule being to cure the patient without needlessly cauterizing the skin. The average dose ranges from five to ten ma. The duration should be proportioned to the trouble, as a rule no sitting should be ended until it produces an effect.

Galvanism being rather curative than prophylactic, it is better to treat during digestion. Treatment should be frequent at first and all digestion should be helped by galvanism. Later, as the patient improves, the intervals are lengthened. "A single application may cure a case of intractable vomiting, though more frequently a second and a third will be found necessary."

#### Toxic Action of Urotropin.

Coleman (*Medical News*, Aug. 29th.) says that individuals vary greatly in their susceptibility to urotropin. Children bear it well, though somewhat smaller doses should be employed. It should be freely diluted, at least half a pint of water being used with a dose of seven and a half grains. In view of the large quantity of water necessary it should be given when the stomach is empty.

Elimination by the kidneys begins within ten minutes after administration. The duration of its presence in the

urine depends upon the size of the last dose. It is believed by most investigators that urotropin circulates in the blood in its own form. The fact that it is excreted unchanged by the kidneys is evidence against its decomposition in the blood under ordinary circumstances. Its fate in the urine is still a subject of contention. Formaldehyde cannot be demonstrated in the urine of all patients taking urotropin, yet clinical experience proves that some antiseptic body is present. Cammidge believes that the antiseptic element is produced by the action of the acid urine on the urotropin and that this decomposition takes place only in the presence of acid urine.

Summary of opinions: "Urotropin is always found in the urine of patients taking it; formaldehyde is found in some cases; and an antiseptic action is almost always manifest." It is antiseptic and diuretic, is a solvent of uric acid and Casper claims that it relieves phosphaturia.

Its minor toxic actions are (1) irritation of the stomach, (2) diarrhoea and abdominal pain, (3) irritation of the skin with a measles-like rash, (4) headache and ringing in the ears and (5) irritation of the kidneys. It further causes irritation of the bladder, which manifests itself under two forms, strangury and cauterization of raw surfaces. Hematuria and hemoglobinuria have also been caused by its administration.

The author concludes as follows:

- "1. That the administration of urotropin may be, but is only rarely, attended by toxic effects.
2. That toxic actions (especially strangury) occur with comparative frequency if the urotropin is not properly diluted.
3. That the development of toxic effects is not always, or necessarily, correlative with the size of the dose of urotropin.
4. That individuals vary greatly in their susceptibility to the action of urotropin.
5. That urotropin has been known to produce the following toxic effects: (given above).
6. That the more important of these toxic actions have been produced by intravenous injections of formaldehyde.
7. That the toxic actions of urotropin are due either (1) to special susceptibility to the action of formaldehyde or (2) to interference with the usual disposition of formaldehyde in the body, or (3) to the liberation of an unusual quantity of formaldehyde.
8. That the toxic effects of urotropin generally disappear completely within a few days after withdrawal of the drug."

**Closure of Wounds.**

Porter (*Journal of the American Medical Association*, July 25th.) emphasizes the following points:

1. The use of sutures should be avoided save where necessity demands their use. Many wounds, in which sutures are now commonly used, may be coapted more perfectly, more speedily and more safely without the use of sutures.
2. Tension and moisture are the only conditions making sutures necessary.
3. When sutures are necessary, buried absorbable suture should be used in all cases where there is no infection.
4. The necessity for drainage does not contraindicate the use of adhesive plaster for purposes of coaptation.
5. It is doubtful if non-absorbable suture material should ever be used with a view to its remaining permanently.
6. Non-absorbable sutures are not necessary nor advisable save in intestinal work and in the presence of sepsis.
7. In those cases in which non-absorbable sutures are necessary that method of applying them should be chosen which will subject the tissues to the least possible trauma, produce the fewest possible avenues for infection through the skin, and permit of their being removed when they have fulfilled their mission.

**The Negro Problem.**

Statistics from the late census suggest that the destiny of the negro race in this country is gradual but certain extinction. In Boston, during the census year, there were 13,991 births and 11,227 deaths of white persons, the excess of births being 2,714. Among the negroes the births numbered 240 and the deaths 327—a death excess of 87. In Greater New York the births of whites numbered 96,184 and the deaths 79,229, an excess of births of 15,935. The births of negroes were 1,430 and the deaths 1,970, the deaths exceeding the births 540. In Buffalo, Chicago and St. Louis, a similar comparison of birth and death rates was made, with like results. New Orleans, which might be expected to make a showing more favorable to the negro, shows an excess of births over deaths among the whites, the report for the negroes being births, 1,735; deaths, 3,310, or a death excess of 1,575.—*American Medicine*.

## THERAPEUTICS.

## Local Anesthesia.

A simple method of producing local anesthesia is noted in an abstract appearing in *Medical Age*, in which a solution of adrenalin chlorid and cocaine is used in the following proportions:

|   |                         |   |   |       |
|---|-------------------------|---|---|-------|
| R | Sol. Adrenalin Chloride | - | - | 5ij   |
|   | Cocaine Hydrochlorate   | - | - | gr. v |
|   | Water                   | - | - | 5ss   |

M. Sig. Fold lint into four layers and saturate it with the solution and place it on the positive electrode of a galvanic battery. A large negative electrode is applied elsewhere and a current of 15 to 30 milliamperes gradually turned on and continued for 15 or 20 minutes. The surface is then washed with ether. Superficial operations may then be performed without pain and with no loss of blood.—*Journ. A. M. A.*

## Phlegmasia Alba Dolens.

Stowe (*New York Medical Journal*) directs complete rest in bed and elevation and bandaging of the affected limb or limbs. During the acute stage the compresses should be as hot as can be borne. For relief of pain he directs the following:

|   |                               |   |   |   |                   |
|---|-------------------------------|---|---|---|-------------------|
| R | Extracti Opii                 | - | - | - | gr. j             |
|   | Extracti Belladonnæ           | - | - | - | gr. $\frac{1}{8}$ |
|   | Extracti Cannabis Indicæ      | - | - | - | gr. $\frac{1}{4}$ |
|   | Extracti Hyoscyami Alcoholici | - | - | - | gr. j             |

M. Fiat pilula No. 1. Sig. One pill every three hours.

The bowels should be kept open by salines, and cardiac tonics are indicated. Ammonia Carbonate is said to hasten absorption. When the subjective symptoms have ameliorated massage, hot air and potassium should be used to remove the semisolid material from the tissues.

## Palatable Boiled Milk.

The unpleasant cooked taste of boiled milk can be prevented by keeping the milk from contact with the air. Gartner (*Ind. Med. Rec.*, Jan. 21, 1903) accomplished this by dropping a small piece of paraffin into the milk. The paraffin melts at 70°C. and spreads out in a thin layer on the surface of the milk, allowing the escape of gases while preventing the ingress of air, and forming an air-tight, hard cover over the top as it cools.—*International Medical Magazine*.

# EDITORIAL.

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**E. F. HOWARD B.S., M.D.**

Editor

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Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society, the Marshall County Medical Society, the Harrison County Medical Society, the Pearl River-Marion County Medical Society and the Warren County Medical Society.

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With the present session, which began Sept. 17th., our state university opened the doors of its much discussed medical department and it is now no longer necessary for beginners in medicine to go elsewhere for their preliminary work. The new school will not attempt clinical instruction but will give only the first two years of the course, teaching thoroughly "the so-called scientific branches of medicine" and preparing the student for entrance into the higher courses of other schools.

The requirements for admission are those of the Association of Southern Medical Colleges, of which the Department is a member, and its certificate admits to the higher classes of the other schools of that Association. Graduates of the school of Arts and Sciences of the University, or any other institution of like grade, are admitted to the second course. The faculty is composed of men well known for proficiency in their various branches and the selection of lecturers has been unusually apt.

The idea of devoting two full years to the purely scientific side is a most excellent one. Where clinical advantages are profuse, the first course student is prone to gorge himself with that part of his work to the detriment, if not the absolute neglect, of his theoretical classes and to waste opportunities that will never return. If, as we suppose will be the case, the internships in our two state hospitals

will in future be limited, during vacation at least, to students of this department, the University of Mississippi should soon have a name for itself in the medical world.

The plan of instruction is given in the *Bulletin* as follows:

"The work will consist of lectures, recitations, and laboratory exercises. Each day the student will be questioned carefully on assigned work of the previous day.

The subjects will be taken up in the order of their natural sequence. During the first year most of the time will be devoted to the study of anatomy, chemistry, and biology, though some attention will be given to physics and electricity in so far as these are applicable to medicine. The study of microscopic anatomy will proceed side by side with that of gross anatomy. The work in anatomy will consist of lectures, assigned reading, and careful dissections of cadavers by the student. The course in chemistry will consist in part of physiological chemistry, urinary analysis, and toxicology. Every one who intends to practice medicine should be acquainted with the elementary principles of biology. To this end the course in biology will be chiefly a laboratory course, fully illustrating the principles underlying the science. The courses in anatomy, chemistry, and biology will continue throughout the greater portion of the session. After the student has acquired sufficient knowledge of anatomy he will begin the study of physiology and hygiene. The courses in pathology and bacteriology should be taken during the second year. The student after having had considerable work in physiology begins the study of *materia medica*. This should be taken during the second and third terms of the second year. Every physician should be informed on law in its relations to medicine. A course in medical jurisprudence will be given during the last term of the graduating year.

Since the success of a physician depends upon his power of independent thought and the cultivation of the research spirit, in all of the work in the school of medicine special importance will be attached to personal effort on the part of a student."

We have been favored with some reprints of Dr. Valentine's widely discussed paper, "The Boy's Venereal Peril," read at the last meeting of the American Medical Association and discussed there in a manner that showed how deeply it impressed all hearers.

Dr. Valentine has been accused of sensationalism, of playing to the gallery, but we feel confident that none who

thoroughly digest this pamphlet will be of that opinion. The subject is one that has been tabooed in the very place where it should be taught, the sanctity of the home, and from well-meaning but mistaken motives the average boy is launched into the sea of life without that knowledge that would serve as a rudder. The suggestion that the family physician be entrusted with this part of the boy's education, in case the father cannot be persuaded or is not fitted to undertake it, is eminently sound. There is no reason why such a task should be looked upon as difficult or awkward. It is merely an appeal to reason and common sense and when the advantages to be derived from plain speaking are so obvious none should hesitate. If we can be the means of saving, each of us, only one boy from the almost inevitable results of early folly we should count ourselves richly rewarded, but if to this we can add the thought that through our intervention some young woman has been saved from the horrors of union with a syphilitic or gonorrhoeic we should count that single fact sufficient reward for a lifetime of toil.

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## BOOK REVIEWS.

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**Practical Medicine Series of Year Books**, comprising ten volumes on the year's progress in Medicine and Surgery, issued monthly under the general editorial charge of G. P. Head M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. VIII, *Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics, Forensic Medicine*. Year Book Publishers, 40 Dearborn St., Chicago. Price of series, \$7.50; price Vol. VIII, \$1.50.

Materia Medica occupies about one half of the book and is a brief but fairly complete resume of recent work. There is a list of the 1902 additions to the pharmacopea and a rather exhaustive outline of Serum Therapy and Electro Therapeutics. Preventive Medicine has, among others, two especially good selections on Tuberculosis and Typhoid and gives adequate attention to general Hygiene. Climatology is of course largely a consideration of the treatment of Tuberculosis though there are some readable notes on Altitude Studies appended. Suggestive therapeutics and Forensic Medicine are necessarily, on account of the brief space accorded, rather incomplete, especially the latter, which no matter how much we neglect it often becomes a source of interest.

**Diseases of the Skin** by Jay F. Schamberg A. B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic, etc. Third Edition. P. Blakistons' Son & Co., 1012 Walnut St., Philadelphia. Price 80c.

This little volume of nearly three hundred pages and more than one hundred illustrations is a most excellent "ready reference." It contains brief and pointed descriptions of the various skin diseases and will be found of value not only to the student but to the practitioner of medicine.

**Anatomy.** Quiz Compend. Seventh Edition. By Samuel Potter M.A., M.D., M.R.C.P.Lond., etc. P. Blakistons' Son & Co., 1012 Walnut St., Philadelphia. Price 80c.

This little book, so well known to medical students during the past twenty years, appears in its new edition in the familiar form that is a characteristic of Blakiston's compends. The latest revision consists in the expansion of the text, an increase in the number of illustrations and in changing the position of the tables and plates from the appendix to their natural position in the body of the text. It has been fully rewritten and brought into harmony with the latest text books on the subject.

### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)  
FOR AUGUST, 1903.

| CAUSE                          | WHITE |        | COLORED |        | TOTAL |
|--------------------------------|-------|--------|---------|--------|-------|
|                                | Male  | Female | Male    | Female |       |
| Apoplexy .....                 | 1     |        |         |        | 1     |
| Bronchitis .....               |       |        | 1       |        | 1     |
| Drowned .....                  | 1     |        | 1       |        | 2     |
| Enteric Colitis.....           |       |        |         | 1      | 1     |
| Gastro Intestinal Catarrh..... |       |        |         | 1      | 1     |
| Gun Shot Wounds.....           | 1     |        |         |        | 1     |
| Hepatitis.....                 |       |        | 1       |        | 1     |
| Heart, Valvular Disease.....   |       |        | 1       |        | 1     |
| Malarial Fever.....            |       |        |         | 2      | 2     |
| Meningitis .....               |       |        |         | 1      | 1     |
| Nephritis, Acute.....          |       | 1      |         |        | 1     |
| " Chronic.....                 | 1     |        |         | 1      | 2     |
| Phthisis Pulmonalis.....       |       | 2      | 1       | 2      | 5     |
| Scarlatina .....               |       | 1      |         |        | 1     |
| Typhoid Fever.....             |       | 1      |         |        | 1     |
| Typho-Malarial Fever.....      |       |        | 1       |        | 1     |
| Tuberculosis.....              | 1     |        |         |        | 1     |
| Unknown .....                  | 1     |        | 1       | 3      | 5     |
|                                | 6     | 5      | 7       | 11     | 29    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

# *Mississippi Medical Record.*

VOL. VII.] NOVEMBER 1903. [NO. 11.

## ORIGINAL CONTRIBUTIONS.

### \*SHOCK AS A FACTOR IN DETERMINING THE TIME TO OPERATE AFTER RECEIPT OF INJURY.

F. P. BOATNER M.D.,

POTT'S CAMP, MISS.

SURGEON FOR THE FRISCO SYSTEM.

This subject being so old and so frequently brought before the surgeon, it may seem out of place to present it on this occasion, nevertheless after looking over the results of operations too early performed by ignoring that condition known as Shock, the writer is impressed with the fact that the subject is not only appropriate on this occasion but that it should commend itself on all occasions to the surgeon, especially the railroad surgeon as it is in this field where Shock is so often met.

What is Shock? Copeland says: "Shock is a sudden or instantaneous depression of organic, nervous or vital power, often with more or less perturbation of body and mind, either passing into reaction or into fatal sinking, occasioned by the nature, severity or extent of an injury, or by an overwhelming moral calamity." It is the former or that due to injury, and not that due to moral forces, which forms the subject of this article.

Shock may be slight or severe, simple or profound, trivial or grave. The symptoms may occupy various degrees, from that of slightly lowered temperature and disordered pulse to that of greatly reduced temperature; indistinct, faint, sighing respiration; quick, feeble, irregular or absent pulse; pinched and shrunken features; pale and livid lips; clammy, pale, cold skin; unconsciousness; etc.

Now supposing an injury has been received of such a

\* Read before the Marshall County Medical Society, October 5th.

character that an operation is unavoidable, the important question arises: when shall the surgeon operate? In answering this question I wish to say that the operation should always be delayed, if possible, until a fair reaction has become established.

The exact stage of reaction which justifies a resort to operative procedures is to be determined by the condition of each individual case.

A weak, irregular pulse, sighing and irregular respiration, cold extremities and cold sweats contra-indicate an operation. On the other hand an operation may be undertaken when the patient is fully aware of what is going on around him; when the pulse is regular and of fair strength and the surface is warm and the breathing is natural. When the surgeon is in doubt whether reaction has been sufficient to warrant an operation it is often better to wait.

No regrets need be entertained by the surgeon because a patient dies from Shock alone without an operation. If he could not rally from the collapse or Shock alone, he certainly could not do so after an additional burden had been put upon him. To illustrate what has been said I desire to report two cases which came under my observation.

Case No. 1. Several months ago J. M., colored, about 26 years old, received the whole charge of a heavily loaded shot-gun in the knee, the muzzle being only a few feet away when the gun discharged, the charge literally tearing the knee joint to pieces. The condyles were severed from the femur, the lower part of the femur was broken into fragments, the patella was shattered and part of the tibia was torn away.

The patient was seen by a doctor who introduced his fingers deep into the wide gaping wound and removed in this way many fragments or pieces of bone. The doctor used no antiseptic precautionary measures whatever, in fact never washed his hands with even water and soap.

I saw the patient several hours after receipt of injury in conjunction with two other physicians. Owing to the great damage done to the knee joint, including soft and osseous tissues, conjoined with the fact of the first doctor when in attendance a few hours previous having introduced his unclean fingers deep into the wound, we decided amputation of

the lower third of the thigh the proper course to pursue. As reaction seemed fairly well established we operated immediately, left patient in care of other physicians, patient died of Shock in two or three hours after operation.

Case No. 2. Colored man, J. S., aged 28, April 7th. 1902, while on a fast moving freight train either fell or was knocked off, a car wheel running over and crushing into a pulpy mass the entire leg as high as the knee, damaging some of the soft tissues above the knee. It occurred at one o'clock A. M. The patient lay in wet mud and cold until seven A. M., when he was found on or near the track by some one passing and was removed to a negro cabin near by in a cold, collapsed condition.

I saw patient at 11:30 A. M., ten hours after injury. Temperature 97 1-4° F., pulse 100 and feeble, extremities cold. I ordered hot milk and whiskey, strychnine, nitro-glycerine, etc., hoping patient would react in a few hours sufficiently to warrant an operation.

The owner of the house objected to the operation being performed or even to the patient remaining in his house, so he was removed in a wagon one mile, 5:30 P. M., to negro cabin No. 2. I was present when he arrived at house No. 2 and found his temperature 95 1-2° F, and that he was pulseless the greater portion of the time. I put him in a warm bed, continuing former measures and treatment for Shock. On the following day the temperature at 8:00 A. M. was 100° F., pulse 120 and stronger, the surface and extremities were warm and he was conscious of what was going on around him. I amputated the lower third of thigh without the aid of any physician. Patient reacted rapidly and was able to go out for a drive within a month after receipt of injury.

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#### Organization in Louisiana.

Dr. Barrier, president of the Louisiana State Medical Society, has begun a series of tours through the principal unorganized parishes of the state in the interest of medical organization. There are now about twenty, of the fifty-nine, parishes organized.

\* A PECULIAR CASE OF COMPLETE LOSS OF MEMORY FOR TWENTY HOURS.

J. A. TABOR M. D.,  
SCRANTON, MISS.

No doubt the title of this article will strike many as being peculiar in itself and inappropriate, both of which I will leave to your judgment after having heard the paper read.

Mr. L., white, age about 43 years, occupation stevedore, health good, previous history good. Mr. L. abstains from alcoholic drinks absolutely, keeps regular hours, going to bed at 8.00 p. m. and arising at 5 a. m. every day (his wife tells me he has followed this rule for the past sixteen years of their married life). Family relations happy, having a wife and two children, all devoted to one another. Financial condition comfortable.

On May 13th. 1902, he arose as usual and until 10 a. m. went about his work as usual. At that time (10 a. m.) he assisted in carrying some heavy chain and an anchor the length of the wharf (a distance of fourteen hundred feet). After depositing same on a steamboat he remained aboard, contrary to the expectation of every one as he had only a short time previously stated positively that he could not go, and gave orders as to the disposition of the anchor and chain. His actions during the trip were in keeping with his daily routine business and in no way surprising, as he talked of and discussed different subjects with his brother, all seemingly in good reason, until landing at the wharf at Scranton at 4:30 p. m. when to the surprise of every one he asked his brother where they were (not having recognized the town) and complained of a dizziness in the head. His brother told him where he was, which did not seem to satisfy him, whereupon he suggested that they go get a drink, and though he had not taken a drink in years yet he insisted and they proceeded to a nearby saloon and took one drink and immediately after taking same he got into a buggy and was driven to the beach. His brother insisted on his going home to which he objected, but went according to his usual custom to the store, there to await his going home hour. His brother,

\* Read before the Jackson County Medical Society.

feeling worried over his strange actions, 'phoned for me to come down, and upon my arrival met me at the front door and gave me the above history. I went in and found him reading a paper. He greeted me cordially and we talked over and discussed different subjects, all of which he responded to readily, even to the happenings of the day in connection with his business and otherwise. I then broached the subject of his brother-in-law and found that his memory of him and his family was perfect up to the 12th. day of April, that being the day upon which he last saw him prior to his death. From that day on and up to the day I write of his memory was a complete blank on that one subject and he spoke of his brother-in-law as though he had talked to him the day before. When asked if he knew his brother-in-law was dead, and had been dead over a month, he said it was impossible as he had talked to him but the day before in regards to his family, etc., continuing on that line and could not be made to believe him dead. I then suggested that he go home, to which he objected, saying that it was not time for him to go home and his wife would think him sick if he should appear before his usual time. I then left him and went to his home to prepare his wife and caution her not to excite him in any way but to go about her duties as though nothing unusual had happened, at the same time assuring her that his loss of memory was only temporary and that he would be all right after a night's rest. He went home and followed his usual custom up to and including his going to bed hour, went to sleep immediately upon going to bed and slept soundly to 5 a. m. Upon arising he detected an alcoholic taste in his mouth. His memory was perfect up to the time of his stooping down to help pick up the chain at 10 a. m. the day before (May 13th.) from which time until his getting up at 5 a. m., May 14th., his memory is a complete blank up to the present time. He said nothing to his wife but after breakfast went to the store as usual and after inquiring as to what doctor had been there the day before he telephoned me to come down and inquired of me if he had been drunk and, if so, what he had done.

The reason he had mentioned nothing to any one as to his lack of memory was that upon awaking in the morning and finding an alcoholic taste in his mouth he at once made

up his mind that he must have been drunk, and in that way accounted for the blank in his memory, at the same time he could not remember having taken a drink. After giving him a detailed account of the attack, I assured him that he was all right and in no danger of having a recurrence, also advised him not to let the matter of straightening out his brother-in-law's estate worry him so much in the future. I prescribed a hepatic stimulant and then left.

Fifteen months have elapsed and though I see Mr. L. very often, yet have not had occasion to prescribe for him since, neither have any symptoms of the attack returned.

#### SUMMARY:

At first glance it would seem that we are dealing with a simple case of transient monomania, but after careful study we find that there exist no symptoms of mania. It is true that the loss of memory is confined to one subject only, but shows no mania as he talks rationally on that subject up to a certain date and then his memory becomes a complete blank for a period of thirty-one days.

In the title of this paper I used the word "peculiar", for the reason that it presents a number of features which make it so.

First, we have a complete loss of memory for a period of twenty hours; following which we have a complete recovery after nine hours of sleep. That twenty hours remains a complete blank to date.

Now to the peculiar part of the attack. During the twenty hours, which to the man are a complete blank, he read the papers, attended his business, discussed the topics of the day and other subjects, even those of the day in question, yet his memory stops short at April 12th. on the one subject—that of his brother-in-law—and he speaks of and discusses happenings of that day pertaining to his brother-in-law and family as though it had happened but the day before. His memory does not wander a particle, as he recounts things that happened on that day accurately. In other words we have a partial loss of memory upon one subject during a period which afterwards becomes a complete blank. "A circle within a circle." Who will explain its pathology?

**\*CLINICAL REPORTS.****Amputation of Breast Demonstrating Triangular Dressing of Arm.**

Dr. J. A. Bodine presented three cases of amputation of the breast for carcinoma, in which the arm had been dressed during the healing period on a triangle holding the upper arm at right angles to the body. He called attention to the consequent freedom with which the patients could use their arms. He had been using this dressing in all such cases for the past three years. An isosceles triangle, made of light splint-wood held in position by rubber adhesive strips, is so placed against the side of the chest that the upper arm is at right angles to the body while the forearm in supination rests along one side of the triangle with the hand resting upon the hip. The triangle presses along the body between the line of incision for removal of the breast and the posterior puncture made for the drainage-tube. The arm being in this position the patient is perfectly comfortable while in bed and also while walking about. Adherence of the skin flap and scar to the under surface of the arm after enucleation of the axillary contents is an inch and a half to two inches nearer the shoulder end of the arm when dressed in this position than it is when bound against the chest. It is this difference in position of attachment of the scar and skin flap to the arm that gives such freedom from cicatrical contraction following amputation of the breast.

Dr. R. H. M. Dawbarn said that he had employed the method demonstrated by Dr. Bodine several times. It is more comfortable because the abduction of the arm slides the scar so that it does not adhere to the region of the vein nor the main lymphatics. Patients at times have been made very miserable after amputation of the breast by swelling of the arm, due to adhesion of the scar, the forearm and arm becoming large and edematous and annoying the patient for a long time. He avoids it, partly by carrying the incision up the middle or even posterior part of the axilla, although the main dissection is sharply forward in the anterior portion of the axilla where the main vessels lie.

\*From the translations of the Clinical Society of the New York Polyclinic Medical School and Hospital.

There is only one muscle which can take the place of the pectoralis major and minor, both of which must be entirely removed in the modern operation, and that is the deltoid. It is wonderful how this muscle hypertrophies, and being inserted into the outer third of the collar-bone, with a very poor leverage, accomplishes its mission. In the case of women who have very weak deltoids (the reverse of those shown by Dr. Bodine) it has been part of his regular operation of late years to dissect free from the clavicle one inch of the anterior edge of the deltoid, and to carry it inward as far as it will easily go, and then to sew it to the stump of the pectoralis major. That muscle, in course of time, becomes hypertrophied, and it helps a great deal; but in cases in which this operation is performed it obviously would not do to use the isosceles triangle, with its necessary abduction of the arm. In the technique just described, as to the deltoid, the cephalic vein is liable to cause trouble, and he generally ties it off, but this may not be necessary if great care is taken. It is only when the axillary vein is involved in the cancerous growth that saving the little cephalic vein becomes a matter of importance.

#### **Fracture of the Patella.**

Dr. Bodine also showed a case of fracture of the patella in which primary suture of the capsule had been practiced. He said that in fracture of this bone the open operation of suture of the capsule is always to be preferred to treatment by splints. It is impossible to obtain bony union with perfect joint function in any other way than by open incision. The fringe of the fibroperiosteal capsule invariably drops between the broken margins of the patella, effectually preventing bony union. In addition, a bloodclot forms which becomes organized and fixed. The only objection one can bring against the open operation is the possibility of sepsis. This can be avoided with almost absolute certainty as illustrated by the patient shown, who was operated on without the fingers of the operator going near the wound, only four instruments being used. The entire operation can be performed in fifteen minutes, without any pain whatever, and with the use of one fourth of a grain of cocaine. After incising the skin the blood-clot is washed away by a stream of

warm salt solution, the ruptured capsule is picked up and sutured with kangaroo tendon, and the skin incision closed by a subcuticular suture. A posterior splint is then applied and the patient returned to bed. It is not always necessary to enter the general articular cavity of the joint. The posterior reflection of the general synovial membrane is sometimes so high up on the posterior surface of the patella that the line of fracture is below it and the general articular cavity escapes. The patient had been operated on four weeks previous to the meeting, and was able to flex his knee-joint nearly to its full limit. In two weeks more it was to be expected that the motion of the joint would be perfect.

Regarding the fracture of the patella, Dr. Dawbarn said that if it were his own patella, he would not submit to primary suture, but would have it treated by splints. He thought a close fibrous union as satisfactory for practical purposes as bony union, and the element of risk much less, for some slight risk exists, even at the hands of the most rigid asceptician. He differed with Dr. Bodine in regard to the falling downward of the capsule between the bones being the chief cause of non-union. He thought the main obstacle was a bulging forward of the loose synovial membrane between the two fragments. The bones could not unite, of course, through this membrane.

The Chairman, Dr. Burtenshaw, said that he well remembered the first case of fractured patella that came under his care. He brought the two pieces of bone together by means of adhesive plaster applied to the anterior aspect of the leg and thigh, bound the limb to a splint, and kept the patient in bed the better part of three months. The result was perfectly satisfactory. He thought the danger of infection of the knee-joint by the open method very pronounced, but no greater, in the hands of a competent surgeon, than in many other wounds.

With regard to the quadriceps muscle, Dr. Luckett thought it helped to keep pieces of fractured patella apart, as well as certain tissues both in front of and behind the bone. He had never seen a synovial membrane come between the fragments from behind; in fact, the normal position of the membrane would prohibit this action. An absolutely bloodless field is necessary for a successful outcome of the opera-

tion, as one reason for adoption of the open method is to remove the fluid and blood from the sac and from between the two pieces of bone.

Dr. Alexander Lyle said that he had operated by this method in three cases, and with excellent results in two. In the third, ankylosis of the joint complicated recovery, but this was corrected under general anesthesia.

Dr. Victor Pedersen said that it is a well established fact that there is no synovial membrane behind the patella in the human being. It stops at the margin of the patella and behind it extends only as a modified membrane. Probably the structure which would interfere most frequently with union of the fragments would be the capsule.

Dr. Bodine closed the discussion by saying that the suggestion of interference with union by the general synovial membrane was entirely new to him, and from his knowledge of the anatomy involved he did not see how it was possible. He did not think it wise to irrigate the general articular cavity of the joint at the time of operation. The irrigation fluid would produce more damage than a moderate amount of blood effusion. It is only necessary to wash out the blood-clot from between the two broken pieces and to suture the capsule. Operations should not be undertaken before the third day following the accident, during which time all oozing of blood from the broken surfaces has stopped, and the application of the turniquet is unnecessary; in fact it is in the way.

#### Protection Against Sunstroke.

The entire skull, inclusive of a thin layer of hairs, is permeable for thermic as well as actinic rays. Cerebral tissue is relatively less diathermous, so that the cortex absorbs most of the rays. Anemic blood is much more diathermous than normal blood, and this explains why patients with malaria are more subject to sunstroke. It is hardly probable that the ultra-violet rays cause sunstroke; it seems more likely that the heat- and light-producing rays are responsible. White skin allows these rays to pass through about twice as readily as negro skin. Straw hats and white caps without lining are a very poor protection; the so-called tropical helmet is a much better safeguard.—*Medical News*.

**COUNTY SOCIETIES.**

JACKSON COUNTY MEDICAL SOCIETY held its regular monthly meeting Oct. 13. Dr. C. G. McEachern was the essayist of the day, his subject being "Pertussis." Drs. Duke and Cox presented a boy twelve years old with fracture of the ulna and radius of the right arm complicated by a dislocation of the wrist. They explained a device they were using as a splint to prevent interosseous union between the ulna and radius. Drs. B. F. Duke and W. R. Kell will read papers at the November meeting, and Drs. J. H. Bickerstaff and W. A. Cox were assigned duty for the December meeting. The next meeting will be held at Pascagoula on the 11th. of November.

MARSHALL COUNTY MEDICAL SOCIETY held its regular monthly meeting at Holly Springs Oct. 5th. Attendance was large and several applications for membership were received. The literary part of the program consisted of a paper by Dr. F. P. Boatner, of Potts' Camp, on "Shock as a Factor in Determining the Time to Operate after Receipt of Injury,"\* and a clinic by Dr. J. H. McClatchey of Marianna.

PEARL RIVER-MARION MEDICAL SOCIETY held its regular monthly meeting at Lumberton Oct. 14th. An interesting paper was read by Dr. W. J. Hunnicutt of Poplarville on "Early Diagnosis and Treatment of Tuberculosis." Dr. T. B. Ford of Columbia, in an able paper, discussed "Pleurisy in the Negro," it being his observation that a dry pleurisy with a heavy death rate is not infrequent in this race. The next meeting will be held at Lumberton Nov. 11th.

PERRY COUNTY MEDICAL SOCIETY now has a membership of eighteen. Its permanent place of meeting is Hattiesburg, its quarters the director's room of the First National Bank—secured to it by Dr. F. E. Ross, one of the directors. Membership in this society is open to the physicians of Greene County until such a time as they may have their own organization. At the September meeting Dr. J. D. Donald presented a paper on "Dysentery" with special reference to its treatment with Blue Mass.

WARREN COUNTY MEDICAL SOCIETY met at Vicksburg Oct. 13th., Drs. Jno. Birchett and A. T. Mitchell being the essayists. Next meeting will be held Nov. 10th., at which Drs. M. H. Bell and H. H. Haralson will present papers.

\* Which appears in this issue.

## ABSTRACTS AND EXTRACTS.

### Causation and Treatment of Post Nasal Discharge.

Goldsmith (*American Medicine*, Oct. 3rd.) says that the most common complaint among patients who consult a physician for throat trouble is a "dropping and discharge" in the back of the throat. This is usually muco-purulent and varies in quantity. He classifies the causes under three heads: 1. That depending on and coming from the nose. 2. That depending on structural or secretory abnormality in the postnasal space and oropharynx. 3. That depending on altered systemic tone.

These are again subdivided as follows:

1. Causes situated in the nose—

- a. Acute and chronic rhinitis.
- b. Septal irregularities.
- c. Turbinal hypertrophy.
- d. Foreign bodies and neoplasms.
- e. Purulent diseases of the accessory sinuses.

2. The Naso- and Oropharynx—

- a. Adenoids.
- b. Thornwald's disease.
- c. Posterior turbinal hypertrophy.
- d. Neoplasms.
- e. Diseased postnasal mucous membrane.
- f. Infection from suppurative otitis media.
- g. Hypertrophy of the eustachian cushions.
- h. Diseased faucial tonsils.
- i. Pharyngitis.
- j. Tubercular, malignant and specific disease.

3. Systemic states—

- a. Neurosis.
- b. Digestive and circulatory.
- c. Rheumatism, gout and uric acid diathesis.

He says that from this extensive array of causes it is not difficult to understand how little may be accomplished by cauterants, snuffing salt and water or spraying with a small amount of bland oil. Local treatment frequently serves to make the symptoms worse; *e.g.*, in one of these neurotic patients.

The most frequent causes in the first division are: Chronic rhinitis, septal irregularities, turbinal hypertrophy and sinus disease.

Chronic rhinitis when found alone is to be treated with alkaline sprays, followed by simulating oils. Septal irregularities are to be corrected only when causing some trouble as interference with respiration, pressing against outer nasal wall, etc. Deflections will require some operation for straightening the septum.

The author says, in speaking of the use of the galvano-cautery for the reduction of the hypertrophy of the turbinates, there has probably been more harm done by the indiscriminate and unscientific use of the galvano-cautery in

rhinology than by all other methods combined, or than would have resulted had nothing been done. Removal of the hypertrophied portions is most thoroughly accomplished by the cold snare. Massage is a measure worthy of more frequent practice.

The most frequent causes found in the nasopharynx and oropharynx are adenoids, diseased faucial tonsils and diseased conditions of the pharyngeal mucous membrane.

Adenoids or hypertrophy of the lymphoid tissue of the pharyngeal vault is responsible for the majority of the cases of post nasal discharge. The only treatment is removal by the forceps and curette. Sprays and applications are worse than useless. Removal must be thorough and the author advocates the use of iodoform and thymol bougies to help the healing process.

Diseased faucial tonsils are to be thoroughly removed. In the cases caused by altered systemic conditions the treatment is to be general, very little local treatment being called for.

#### **Chancroid Bacillus.**

Davis (*Journal of Medical Research*, June) finds the chancroid bacillus in the purulent secretions of the great majority of cases of chancroid and occasionally in bubonic pus. It may be identified by its morphology and staining reaction and its ability to grow on ordinary culture media. Characteristic growth in a pure state may be obtained direct from genital chancroids and also in some cases from chancroid buboes. Growth is most luxuriant in a medium of fresh blood and bouillon but unmixed human blood is the best medium for cultures from a source open to contamination. Inoculation of a pure culture of the bacillus or of chancroidal pus on the skin of certain monkeys reproduces the lesion, from which in turn the original organisms may be recovered in cultures. The cultivation of the same organism in a pure state from lesions on the hands that resemble chancroid clinically, in the absence of lesions on the genitals, goes to show that chancroid may be primary on an extra-genital site. It is probable that bacteriological examinations of ulcers of this type will show a greater prevalence of extragenital chancroid than has hitherto been reported.

#### **Obstetric Significance of Retro-displacements of the Uterus.**

Brickner (*Medical News*, Oct. 3rd.) considers that obstetrically the differentiation between retroflexion and retroversion is unimportant. In five thousand consecutive cases seen at Mount Sinai Hospital, a little less than twenty per cent. showed one of these conditions. Of these, 180 were pregnant, 30 were miscarrying or had already aborted and the re-

mainder were suffering from symptoms characteristic of the condition. Sterility from retrodisplacement is purely relative, the correction of the deformity usually resulting in relief. These displacements may be congenital or may result from trauma, when seen in virgins, or may be the result of previous labors. When congenital, it may be referred to developmental anomalies and is usually accompanied by a failure of the ovaries to descend. Young women who exercise in an excessive and unusual manner or perform arduous and long work can undoubtedly acquire retroflexion.

Despite the difficulties presented, women with retrodisplacements not infrequently become pregnant but of 212 successive incomplete abortions seen in dispensary practice, a trifle over seventy-five per cent. were in women with retrodisplaced uteri.

#### **Sulpho-Carbolate in Cholera Infantum.**

Waugh (*Medical Times*, July) has used this remedy with great success. He cleans out the bowels with castor oil, calomel, mercury and chalk, aromatic rhubarb, lavage or colonic flushing as seems best in each case. For lavage or colonic flushing he uses a solution of zinc sulpho-carbolate, a grain to the ounce. For rectal flushing and when the stools are of dysenteric type, he uses silver nitrate solution. The solutions should be as hot as can be borne. The zinc salt should be given in doses varying from one-sixth to two grains every hour for children in the second year. It may be given in solution, in granule, in tablet or in powder. When there is extreme acidity, the sodium salt is preferable.

The best diet is the raw white of egg in ice-water, coffee, rice-water, barley water, toast water, followed by meat soups and fruit juices. Hot, cold or salt baths are always indicated.

#### **Dangers of Breech Presentation.**

Kucher (*Medical Record*, July 11, 1903) says: The dangers of breech presentation lie not so much in the presentation as in its improper management. Interference is usually the cause of the troubles incident to this condition. If a foot or knee is within reach, as in incomplete breech presentation, the attending physician is easily tempted to pull on the extremity, hoping thus to hasten delivery and prevent danger to the child. Such interference always endangers more or less the life of the child, besides being unnecessary.

In the majority of cases there is no danger to the child before the breech appears at the vulva. At this time the cord may be pressed upon, and the child must be delivered

in a short time, which is easily done if the labor has taken its normal course without interference.

When no lower extremity is presenting, there is no danger of too early interference. The labor may have progressed quite satisfactorily up to the last stage, and then the pains may stop or become so lagging that for hours the labor makes no progress. It then becomes necessary to interfere, as a too long delay at this stage would be dangerous to mother and child.

When the child is dead, the simplest way to extract it is with the blunt hook in the groin. The author has never dared to use the hook with a living child, but has found the forceps satisfactory. It should not be applied before the breech is down in the pelvis, the handles should not be pressed too firmly together. By inserting a folded towel between the handles of the forceps, too hard pressure of the tips of the blades on the soft parts of the child can be easily avoided. The tractions should be made slowly, and only during a pain.

When once the mouth of the child is outside the vulva, there is no danger to its lungs from mucus, even if it begins premature respiration, and we can take our time and let the head pass slowly through the vulva and so avoid laceration of the perineum.—*Review of Reviews.*

#### Typhoid Fever in Infancy and Childhood.

Griffith (*Medical News*, Sept. 26th.) points out the peculiar characters of typhoid in infancy and its greater frequency than has been generally estimated. The chief characteristics are the less typical onset and the tendency of nervous symptoms to overbalance intestinal ones. The average duration may be stated as from fourteen to twenty-one days, although often a little longer. The diagnosis is difficult and the value of the Widal test is inestimable. Relapses seem to be about as frequent as in adults. The prognosis is on the whole good. As for treatment, he does not advise cold baths. His custom is to apply sponging first, and, if this is not sufficient, a graduated bath of ninety degrees Fahrenheit lowered to eighty degrees. In many instances he has had good results with the abdominal ice bag. In some cases a warm tub bath of ninety-five to one hundred degrees is productive of good results. Sponging sometimes has a bad effect and it is a very questionable procedure in case the child is crying or struggling. Children develop a high temperature readily and tolerate it well, therefore the temperature can be let alone in many cases.

## THERAPEUTICS.

## Treatment of Dysmemorrhœa.

In well nourished women:—

|   |                           |     |     |  |
|---|---------------------------|-----|-----|--|
| R | Tinct. Pulsatillæ.....    | 5i  | 4   |  |
|   | Syr. Aurantii.....        | 5i  | 30  |  |
|   | Aq. Destil. q. s. ad..... | 5iv | 120 |  |

M. Sig: One teaspoonful four times a day.

In neurotic individuals a combined treatment of bromides and antipyrin is serviceable, or the bromides alone given as follows:

|   |                            |       |     |  |
|---|----------------------------|-------|-----|--|
| R | Potassii Bromidi.....      | 5iiss | 10  |  |
|   | Sodii Bromidi.....         | 3iiss | 6   |  |
|   | Ammon. Bromidi.....        | 5i    | 4   |  |
|   | Syr. Auranti Corticis..... | 5iiss | 75  |  |
|   | Tinct. Rhei.....           | 5iiss | 10  |  |
|   | Aq. Destil. q. s. ad.....  | 5viii | 240 |  |

M. Sig. One tablespoonful before meals in one half a glass of water.

In dysmenorrhœa of anemic or spasmodic nature viburnum is of great benefit.

|   |  |    |    |  |
|---|--|----|----|--|
| R | Extract. Viburni Prunifol. Flu.....          | 5i | 30 |  |
|   | Sig.: One teaspoonful three times a day; or: |    |    |  |

|   |                               |           |     |  |
|---|-------------------------------|-----------|-----|--|
| R | Chloralis Hydratis.....       | gr. lxxv  | 5   |  |
|   | Tinct. Belladonnæ.....        | gtts. xxx | 2   |  |
|   | Ext. Viburn. Opul. Flu.....   | 5i        | 30  |  |
|   | Elix. Simplicis q. s. ad..... | 5iv       | 120 |  |

M. Sig. One or two teaspoonfuls in sweetened warm water every hour until relieved.

In the treatment of dysmenorrhœa of young girls, where local treatment cannot be properly carried out, the following may be used per vaginam:

|   |               |                   |    |  |
|---|---------------|-------------------|----|--|
| R | Dionin .....  | gr. $\frac{1}{2}$ | 08 |  |
|   | Ichthiol..... | gr. iii           | 20 |  |

Butyr. Cacoa q. s.

M. Ft. suppos. No. i.—Sig. One such to be inserted into the vagina two or three times a day, if necessary, to relieve the pain. Dionin is also recommended by the mouth as a palliative in dysmenorrhœa as follows:

|   |                        |         |    |  |
|---|------------------------|---------|----|--|
| R | Dionin.....            | gr. vss | 35 |  |
|   | Aq. Amygdalæ Amar..... | 5iv     | 15 |  |

M. Sig. Fifteen drops two or three times a day.

—Bjorkman (*Merck's Archives.*)

# EDITORIAL.

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E. F. HOWARD B.S., M.D.

Editor

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Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society, the Marshall County Medical Society, the Harrison County Medical Society, the Pearl River-Marion County Medical Society and the Warren County Medical Society.

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It is of interest to notice that in many instances the county societies alter in some slight degree the constitution and by-laws recommended by the American Medical Association. That there will be some alterations is to be expected, since this form is only suggested and no given set of laws can be found that will be appropriate to all places and all conditions, but the frequency with which one particular article of the constitution is amended is worthy of comment.

Article III sets forth the eligibility of "legally registered" physicians. Almost without exception the societies add the proviso "graduated" or "graduated from a reputable medical college." Probably no board of censors will ever have to advise the rejection of an applicant because of ineligibility on this account, for the ungraduated licentiates in medicine are rapidly disappearing, and where they do exist they are not of the class who seek membership in medical societies, but the provision is none the less grateful. It sets the stamp of dignity upon the society and its membership and is an evidence of the fact that physicians as a whole recognize the value of the diploma, and all that its acquirement entails, as something above and superior to the license to practice. Unfortunately the spirit of commercialism is so strong in our schools that state examining boards are necessary but the diploma still is and will always be the mark of distinction between the educated and the uneducated and we are glad to see this fact so generally recognized.

The message of the President of the Medical Association of the State of Alabama, as contained in the last "Transactions" of that association, shows a condition of affairs in our sister commonwealth that is enviable in the extreme. First and greatest is the fact that the State Association is the Board of Health and that in it is vested full and complete power to pass upon the qualifications of applicants for license to practice and control of public health matters. By virtue of the former authority they can keep the standard of professional knowledge where it should be, by virtue of the latter the administration of the public health affairs is in the hands of the men best qualified for that duty. By that pressure which only an organized body can bring to bear, they secured the defeat of a bill favoring osteopathy at the last session of the legislature and placed Alabama on record as being opposed to such favoritism. The profession has in its own hands the power to exclude all quacks and illegal practitioners and it is their proud boast that during the "late unpleasantness", when our own Board of Health had such a struggle with "Mrs. Stegomyia", the total sum expended during three years, '97, '98 and '99, in the operation of their quarantines was exceeded several times by Mississippi in one year alone.

Verily, the path is smooth in Alabama.

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## OBITUARY.

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DR. GEO. W. STEVENSON died at Nicholson, Miss., Sept. 8th, 1903, from the effects of a tumor at the base of the brain. The doctor was a native of the place in which he died and had just passed his twenty-sixth birthday. He was a graduate of the Medical Department of Tulane University, a member of the class of 1903, of which he was one of the ablest, and having passed with credit the examinations of the State Board he returned to his home town and began the practice of his profession with the brightest prospects for a successful and useful career, only to be stricken down upon the threshold.

## BOOK REVIEWS.

**A System of Physiological Therapeutics.** A practical exposition of the methods, other than drug giving, useful for the prevention of disease and in the treatment of the sick. **Vol. VIII. Rest. Mental Therapeutics. Suggestion.** By Francis X. Dercum M.D., Ph.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College of Philadelphia, etc. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price \$2.50.

Probably few men in the country can be considered so able to write of the application of rest to neurologic conditions as is Dr. Dercum and therefore when he speaks *ex cathedra* we have the satisfaction of knowing that our authority is unexceptionable. Under "Rest" he first treats function and its results and chronic fatigue—giving first the physiological fatigue of ordinary function and its remedy by physiological rest in order to prepare us for the pathological fatigue and its results in which rest is used as a therapeutic agent. Neurasthenia and Hysteria are then considered carefully and exhaustively and the "rest-cure" as applied in these conditions explained in detail. Hypochondria and the functional neuroses are likewise treated. The Therapeutics of Mental Diseases and Suggestion are each treated in a plain and common-sense way, especially the latter which is especially good in defining the legitimate field of suggestion.

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**Transactions of the Medical Association of the State of Alabama, 1903.**

This volume is a perennial source of satisfaction not only on account of the merit of the papers which it contains but also for the excellent organization of the profession in that state which it evidences. Alabama is easily the banner state of the south in that respect and its showing should lend encouragement to all. It is this that enables the compilation of statistics that add so much to the value of the book. There is a roster of county societies giving the names and colleges, with date of graduation, not only of the members but of physicians who have not joined. The reports of the vice-presidents show the condition of affairs in each county and the work being done by the county health officers. There is a presumably complete obituary record and a full report of examinations for licenses to practice, giving the names and colleges of all who received or were refused certificates.

**The Practical Medicine Series of Year Books, Vol. IX Physiology, Pathology, Bacteriology, Anatomy, Dictionary.** The Year Book Publishers, 40 Dearborn St., Chicago. Price of series \$7.50, price Vol. IX \$1.25.

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More complete than ever and surprisingly free from inaccuracies.

### MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)  
FOR SEPTEMBER, 1903.

| CAUSE                               | WHITE |        | COLORED |        | TOTAL |
|-------------------------------------|-------|--------|---------|--------|-------|
|                                     | Male  | Female | Male    | Female |       |
| Angina Pectoris.....                | 1     |        |         |        | 1     |
| Aneurism of External Iliac.....     |       |        | 1       |        | 1     |
| Cirrhosis of Liver.....             | 1     |        |         |        | 1     |
| Cystic Degeneration of Ovaries..... |       |        |         | 1      | 1     |
| Enteritis.....                      |       |        |         | 1      | 1     |
| Gunshot Wound (self-inflicted)..... | 1     |        |         |        | 1     |
| Hepatitis.....                      |       | 1      |         |        | 1     |
| Malarial Fever (unclassified).....  | 1     |        |         |        | 1     |
| " Toxaemia Chronic.....             | 1     |        |         |        | 1     |
| Nephritis (unclassified).....       |       |        | 1       |        | 1     |
| " Interstitial.....                 |       |        |         | 1      | 1     |
| Pertussis.....                      |       |        |         | 1      | 1     |
| Phthisis Pulmonalis.....            |       |        | 1       | 2      | 3     |
| Typhoid Fever.....                  | 1     | 1      |         | 2      | 4     |
| Causes Not Given.....               |       |        |         | 1      | 1     |
|                                     | 6     | 2      | 3       | 9      | 20    |

Population of the city (estimated)—White, 10,000; Colored, 10,000  
Total, 20,000.

# *Mississippi Medical Record.*

VOL. VII.]      DECEMBER 1903.      [NO. 12.

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## ORIGINAL CONTRIBUTIONS.

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### \* MALARIAL HEMOGLOBINURIA.

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J. B. ANDERSON M.D.,

ENOLA, MISS.

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In presenting this paper for your consideration, I am fully cognizant of the great difference of opinion among medical men as to the real etiology and best treatment of malarial hemoglobinuria, and I hope its reading will provoke a discussion that will be of mutual benefit. The medical literature of recent years has contained much upon this disease, and its wide geographical dissemination has given to the controversy the thought and experience of the best observers of every continent. The possibility of an etiological factor other than the malarial parasite, the influence of quinine as a causal agent and the proper treatment of each individual case, makes it a disease of exceptional interest to those who are brought in contact with it.

Malarial hemoglobinuria is common in Greece, Madagascar, Cuba, Mexico, Central America, rarely in Italy, in our own Southern states and is met in its most fatal form especially on the eastern and western coasts of Africa and in the tropics. Its comparative infrequency in Italy where the other types of malarial fevers abound and the other pernicious types are not uncommon is not satisfactorily explained in the light of our present knowledge.

There does not exist an universal agreement as to the causes operating in its production. It certainly does not occur with the same frequency in all epidemics. It would appear that the disease only develops in those individuals who have endured long residences in highly malarious countries, for periods of time varying from four to nine

\* Read before the Yazoo County Medical Society, Oct. 14, 1903.

months, that it never occurs after an acute malarial infection and that repeated attacks and relapses are necessary for its outbreak. There seems to be developed in these persons a certain predisposition towards hemoglobinuria, some observers holding to the opinion that there obtains in the tropics a certain condition that is not operative in the more temperate climate. The anaemia occasioned by these repeated malarial attacks seems to exercise some influence in the production of the hemoglobinuria, which is the result of such excessive destruction of the red blood cells that the liver can not take care of it. Some substance highly toxic to the red blood corpuscles or some change in the blood serum has occurred, but just what they are due to is by no means clear. Perhaps some toxic substance produced by the parasite itself is at the bottom of these changes. The functional insufficiency of the spleen and other organs is believed by some to play an important part in the production of the hemoglobinuric paroxysm. Bemiss assigns the cause to a "combination of altered blood composition, impaired nutrition of the capillary walls and changes in the local vascular pressure in the various congested organs." Race exercises a certain influence in hemoglobinuria, the disease seldom appearing in the negro, Malays, Indians or those natives of tropical climates who enjoy some immunity from malarial fevers either natural or acquired. Recently, however, I understand, a physician of this county has had three cases of supposed malarial hemoglobinuria in negroes, one of which proved fatal. I have never seen a case in a negro. In my series of fifteen cases the proportion of males to females was about equal, but the disease is usually far more common in men. Any influences which lessen the vitality of the individual, as alcohol and syphilis, may be predisposing factors, and mental emotions, anxiety and fatigue may not be without their import. So may a change of residence from one malarial district to another provoke an attack. The really exciting cause is the presence in the blood of the estivo-autumnal parasite, some observers denying its existence while others always find it after careful search. In certain of the infectious fevers, as yellow fever, smallpox, and typhoid fever, owing to the action of the toxin upon the red blood cells a process of disintegration and degeneration is set

up whereby the hemoglobin is set free and dissolved in the blood plasma and is excreted by the kidneys. This is doubtless the way in which the hemoglobinuria is produced in malaria fevers. The action of quinine in the production of hemoglobinuria is variously interpreted by different observers, and from the uncertainty that probably exists among the members of this society as to its employment in this disease I deem it necessary to devote some space to its discussion. You are familiar with the physiological action and dose of this drug, but we are chiefly concerned as to its specific action, if any, as a causal agent in malarial hemoglobinuria. Guersent cites the case of a lady who became deaf, blind and dumb from taking ten drachms of quinine sulphate in a few days, and Guiacomini records the case of a man who took three drachms of quinine at a single dose and only suffered from symptoms of depression of the heart and nervous system. Briquet reports a death from the enormous dose of fifty-five drachms taken within a period of ten days. Laveran records an instance where two soldiers intending to take a purgative dose of hyposulphite of sodium took a solution of quinine, so that each received three drachms. Other severe toxic systems followed, but no hemoglobinuria. Woods, Bartholow and other accessible authorities do not mention hemoglobinuria as ever occurring from large or small doses of quinine. Koch, after a study of sixteen cases in German East Africa, expressed the opinion that in most instances the disease was due to the action of quinine, but would hesitate to assert that every case of malarial hemoglobinuria is a quinine intoxication. He believes that quinine plays an important role in its etiology and that these patients possess a certain idiosyncrasy to the drug; but does not lay stress in his communication upon the important fact that these tropical hemoglobinurias are always or almost always preceded by repeated malarial attacks. In opposition to Koch's views, Karamitsas of Athens, Greece, expresses the opinion that while quinine may produce hemoglobinuria in susceptible individuals it was never the cause of hemoglobinuria of tropical countries; that hemoglobinuria due to quinine occurs about two hours after its administration and is never due to accumulation in the system or its previous use. That quinine is not the cause of malarial

hemoglobinuria is evidenced by the comparative infrequency of the disease in Italy, where quinine is used with probably greater freedom than any other place in the world. Osler says: "An interesting question is much discussed whether quinine does not cause or at least aggravate the hemoglobinuria. We have yet to see a case where this condition has occurred as a result of the use of the drug." Crosse and Packes reported to the London Pathological Society, 1898, a case of hemoglobinuria in a young officer who had served fourteen months in the Nigeria country and who had more than four weeks previously returned to London. He had had repeated malarial attacks, the disease developing two days after an ordinary malarial paroxysm, before the administration of quinine, and was readily relieved by this drng. Crosse was the special medical officer of the Royal Niger Co. of Central Africa, had an extensive experience with hemoglobinuria and had suffered several attacks of the disease himself. Laveran says the rarity of quinine hemoglobinuria shows that an individual predisposition is necessary to it. Quinine is only an accessory cause. Rem Pecci, who has carefully studied the nephritis of malarial origin and who has collected the statistics of seven thousand cases in and around Rome, expresses the opinion that: "Quinine which according to some authors causes albuminuria and hemoglobinuria is not contraindicated, but on the contrary is indispensable. Those symptoms occur with or after the malarial paroxysm and before the employment of quinine, they get worse with each new attack and disappear with the malaria itself under the energetic use of quinine." Thayer of Baltimore is certain that the large proportion of so-called malarial hemoglobinuria has no relation to the taking of quinine. Bastianelli's views are interesting in this connection. He states that the instances of spontaneous hemorrhages due to the use of quinine occur in those individuals who have recently had an attack of malarial fever although the plasmodium can not be found in the blood at the time of the onset of the hematuria. Otto (1903) reports the case of hemoglobinuria which developed after seven and one-half grains of quinine and again, later, after fifteen grains given for an ordinary quartan type of malaria. Any personal idiosyncrasy towards the drug seems to be set aside by the fact that

the person had previously taken quinine in increasing doses which were well tolerated. Such observations could be multiplied indefinitely, but these will serve as the best opinions of capable, pains-taking and conscientious observers as to what part quinine plays as an etiological factor in malarial hemoglobinuria. With a clinical experience of more than twelve cases, embracing the severest and mildest forms, I have never seen a case that did not occur only after repeated malarial attacks nor one that was aggravated by the use of quinine, or that I could term quinine intoxication; but on the other hand have watched the hematuria rapidly disappear under quinine administration. The freedom which the negro enjoys from malarial hemoglobinuria argues to us against any influence which quinine may have in its causation. Certain individuals of the race suffer from repeated malarial infection and I have given heroic doses of quinine to them without any evidences of its producing a hemorrhagic condition. Certainly the one-third greater immunity which they possess over the white race from malarial fevers will not explain entirely their freedom from the disease.

As already stated, malarial hemoglobinuria never develops after an acute malarial infection, the disease usually appearing suddenly after repeated relapses or is preceded by several intermittent paroxysms. Prodromal symptoms of several hours or days may antedate the outbreak. Almost invariably the disease begins with a hard shaking chill, which lasts a variable length of time. This severe chill is quite characteristic of the affection in contradistinction to the other malarial paroxysms which may have a gradual onset without the cold stage. Intense pain in the head, back and extremities quickly develop; the intensity of the back pains probably bear some relation to the renal congestion. There is usually profuse and constant vomiting; the vomited matter consisting at first of deeply bile-stained fluid which is yellow, then green and finally almost black. The cheeks are flushed, the conjunctiva injected, the pulse rapid, the appetite lost and thirst well marked. The patient is usually anxious, agitated and apprehensive. The bowels are constipated, as a rule, though profuse diarrhoea may be present —the dejections varying in color from greenish to black.

The skin soon becomes jaundiced, the icterus deepening as the disease progresses. The temperature runs high, reaching 106° F. in some instances. I have met with two cases in which the fever attained this height. The febrile stage may last from a few hours to several days, in my experience lasting from ten to fourteen days in the worse cases, and usually disappears by lysis. Some patients experience an evening rise of temperature of  $\frac{1}{2}$  to  $1\frac{1}{2}$ ° F. several days after they are out of bed. This was true in my case. Severe epigastric pain may be complained of which may be in part due to the severe vomiting. Usually there is little delirium, the patients remaining conscious, but I have seen cases that were wildly so. The first passage of urine is of a rosy red hue, which gradually deepens as the disease progresses, becoming almost black, with a greenish tinge and a yellowish green foam on shaking. It shows the presence of albumin and deposits an abundant sediment on standing. Red blood corpuscles are sometimes present, showing that actual hemorrhages take place in the kidneys. The specific gravity is above normal. In the mildest cases the temperature lasts but a few hours, the urine rapidly clearing up though the hemoglobinuria may last from a few hours to several days. In my experience this symptom has never lasted longer than thirty-six hours. In my own case, my urine was free from blood in eighteen hours. In the severest forms the fever remains persistently high and continuous, the vomiting is severe and almost constant, the pulse very rapid, 120-140 per minute, and feeble, the icterus of an intense bronze hue, the mouth dry, the eyes sunken, the patient emaciated, there is maniacal delirium and the urine is scanty or suppressed. Illustrative of the fulminant type of the disease, I may describe the case which I saw while an interne in the Vicksburg Charity Hospital in 1894. Peculiar interest attached to this case as some doubt arose as to whether it was not yellow fever. The patient was admitted to the hospital at six o'clock one Saturday evening and twenty-four hours later was dead. He gave a history of being out from Central America about two weeks, where he had been employed as a laborer. He had had a chill in the railroad yards of the city and the disease was well developed upon his admission to the hospital. He was intensely jaundiced, the conjunctiva being deeply sul-

phur-yellow. The vomiting was continuous, and towards the end became typically coffee-ground; the pulse was very rapid and feeble, the temperature high, reaching  $106\frac{1}{2}$ ° F., the diarrhoea profuse and very black, and the urine scanty and very bloody. I do not remember that the delirium was pronounced in the early illness, but coma and involuntary evacuation of urine and feces closed the scene. It is my remembrance that no quinine was given in this case, and regret the patient was not questioned as to its previous use. This form of hemoglobinuria is rapidly fatal in spite of treatment; some observers being of the belief that it is closely akin to yellow fever and bears no relation to malarial conditions. Often several hours preceding the fatal issue in these cases the temperature falls below the normal, sometimes reaching 94° F.

There is a widespread disagreement as to the treatment of malarial hemoglobinuria, and in the management of each individual case the physician will be guided largely by his experience. The profession is fairly agreed that a purgative dose of calomel should inaugurate the treatment, though hyposulphite of sodium would be equally effective to clean out the gastro-intestinal tract and fit the system for what is to follow. The majority of observers favor the administration of quinine during the disease, giving it preferably hypodermically or intra-venously—using the last method only in greatest necessity. Its use by the mouth is worse than useless, and by rectal enemas is far from satisfactory. My practice is to place the patient thoroughly under its influence as rapidly as possible, giving the drug hypodermically in two to five grain doses every two hours until fifteen grains are given. Any soluble salt may be used, as the dihydrobromate or the dihydrochlorate, the last being preferable on account of its greater solubility. I can not believe that it ever is the cause of the hemoglobinuria or that it is ever contraindicated save in those exceptional cases where there exists a personal idiosyncrasy towards quinine. Quinine admittedly is a specific in malarial fevers, and given a disease the result almost always of repeated malarial infection and in which the exciting cause, at least, is one form of the malarial parasite, it is beyond reason, with an unfailing agent at hand, not to use it. Moffatt, the principal medical officer of the Uganda Princi-

pality, says: "The fatal cases, whether complicated by hemoglobinuria or not, have all been those in which quinine for some reason was not administered, or given in small doses, or else resorted to only when the case was practically hopeless." He gives it in heroic doses, sixty to one hundred and twenty grains in twenty-four hours. Dock, formerly of Texas, says: "No American physician doubts the propriety of giving quinine in these cases, and a consideration of that vexed question is unnecessary." Osler, of Baltimore, advises getting the patient under its influence as rapidly as possible. Dawson, of South Carolina, is emphatic in his declaration that quinine in hemoglobinuria is imperative, thereby holding the cause of the hemorrhage in abeyance if not removing it completely. Of several cases treated with quinine at the St. Louis Southwestern R. R. Hospital, Tyler, Texas, none were made worse, but all recovered. Van Marter, *N. C. Medical Journal*, 1898, expresses it as his opinion that quinine should never be given in the disease, nor subsequently to one who has suffered from it. Bastianelli believes that if the estivo-autumnal parasite is found in the blood, quinine should be given without regard to the hemoglobinuria. Koch, from the uncertainty which he entertains as to its etiology, says: "The treatment of black-water fever with quinine must absolutely cease, and in patients who have already had black-water fever, quinine should be given with the greatest care, or else replaced by other means." Krauss, of Memphis, is opposed to the use of quinine in hemoglobinuria, believing the drug is often responsible for the attacks. Doering insists that quinine in association with the active malarial parasite must be recognized as the provocative cause of the disease. Buchanan, *British Medical Journal*, Sept. 1st. 1900, after an extensive experience in the jails of India and having under his care 160 prisoners to whom he personally administered quinine daily for more than four months, never saw a case of hemoglobinuria that he could ascribe to its use, and inquiry revealed the fact that no case had occurred since the practice was begun in those institutions. For the distressing vomiting I am in the habit of using five to ten grain doses of chloral, repeated every few hours until relieved. Chloretone, sinapism over the epigastrium, iced brandy and twenty-minim doses of chloroform

are valuable aids. The temperature is best controlled by some form of hydrotherapy, cold sponging or the wet pack usually sufficing. Occasional small doses of phenacetin or acetanilid can do no harm. I rely upon the quinine to control the hematuria, though iron, tannic and gallic acid, ergotole and turpentine may be used with advantage. If stimulants are required we have recourse to strychnine, digitalis, ammonia and rectal enemas of whisky and brandy. For the restlessness and nervous symptoms, hypodermics of morphine and the bromides and chloral may be necessary to induce sleep and quiet. At all times the patient should be kept thoroughly saturated with water and the skin and kidneys active. Hot lemonade and other drinks are sometimes better borne than cold, and rectal injections of hot water every few hours should never be overlooked. Indeed where there is great restlessness and agitation, the patient tossing from side to side of the bed, great elevation of temperature and scanty urine, there is no agent at our command so useful as the intra-venous or subcutaneous administration of saline solution. Its use is followed by almost immediate relief of these distressing symptoms and it may be the means of saving many lives that are apparently hopeless. If uremic symptoms develop, those measures that are useful in that condition should be vigorously instituted. The diet, of course, should be liquid, easily assimilated and highly nutritious. The patient at all times should be kept in the recumbent posture and not allowed out of bed until all symptoms of the fever and urine are passed. Slight evening rises of temperature after the patient is about should lead to examination of the urine for an incipient nephritis or further search for some other complication. As a tonic there is nothing better than the spleen mixture with which you are all familiar. The patient should undergo removal to a non-malarious district and should have those prophylactic and hygienic safeguards thrown around him that will insure his permanent restoration to health.

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**Prohibition of Marriage in Certain Cases.**

Kansas has added to her laws "An act regulating marriage and prohibiting marriage by or with persons afflicted with imbecility, feeble-mindedness, epilepsy or insanity, and prescribing penalties for violation of the act."—*Journal of the American Medical Association.*

**\*SOME POINTS IN THE EARLY DIAGNOSIS AND TREATMENT OF  
TUBERCULOSIS.**

W. J. HUNNICUTT M.D.,  
POPLARVILLE, MISS.

*Mr. President and Gentlemen of the Pearl River-Marion County Medical Society:*

The first and most pleasant duty I have to perform is to thank you for the courtesy and compliment you have conferred upon me in selecting me your first presiding officer.

I love Pearl River and Marion counties; I love their people, especially those of the medical profession; I am attached to the "Piney wood" section of the State and I assure you gentlemen it shall be my constant effort, earnest desire and greatest delight to prove worthy the honor you have placed in my hands. I here pledge all the combined energies I possess to make our society a grand and glorious success and I hope to have your co-operation in bringing about a universal good and brotherly feeling, cementing us into one common brotherhood of which the State Medical Association may well feel proud. I hope to be able to hold the banner of organized medicine unfurled to the world and never suffer it to trail in the dust of dishonor.

You have further evidenced your good will and confidence by inviting me to read a paper on this occasion, for which I again thank you, with the hope I may acquit myself creditably and prove of interest to you.

The only excuse I have to offer in presenting a paper on this subject is, not that I have made some startling discoveries in the pathology or therapeutics of this disease, but because I am deeply impressed with the fact that the great majority of our physicians do not appreciate the absolute necessity of making an early and positive diagnosis. Unfortunately we rarely have an opportunity of making an early examination, rarely until some marked decline in health has attracted the attention of the patient, his relatives or friends, and I am sorry to say we often add injury to insult by giving him a hurried and incomplete examination, resulting in care-

\*Read before the Pearl River-Marion County Medical Society, Oct. 14th.

less prescribing and no less careless instructions as to his future conduct.

During my short visit in Asheville, N. C., this summer, I became thoroughly impressed with the fact that if we ever hope to be able to reduce the mortality of this the most dreaded of all diseases, we should bestir ourselves and try to make an early diagnosis, thereby being in a better position to recommend curative measures; for it is now recognized by the foremost in the ranks of scientific investigation to be amenable to treatment and curable when recognized at the proper stage.

Tuberculosis, like the poor, we have always with us; and we can to-day but echo the words of Hippocrates written more than two thousand years ago: "The greatest and most dangerous disease and the one that proved fatal to the greatest number, was consumption".

Whether the character of our professional work be in medicine or surgery, or in any of the special lines to which men devote their chief energies, we all have to confront this disease, all have to battle with it, and a matter which concerns and engages the constant interest of all physicians in all places seems an appropriate subject for discussion by a professional body like this; indeed conditions may arise under which it may seem almost a duty for such a body to express its views and convictions.

There is probably no one disease incident to humanity which has been the subject of such wide-spread, earnest, scientific research upon the part of medical men; and especially within the past twenty years has our knowledge of the etiology and pathology of the disease supplemented the interpretation of many of its physical signs and manifestations to such an extent as to assist us to a definite understanding of its multiple processes and to give us a clearer grasp of the lines of procedure by which we may hope to mitigate its ravages.

Essentially an infectious disease, primarily due to the entrance into the system of a specific and definitely isolated bacillus and the colonization of these micro-organisms in the tissue of an individual who from inherited or acquired susceptibility affords a suitable culture medium for their rapid development, it is of marked moment from a clinical stand-

point that we recognize the pathology of its earlier stages, not only as a matter of early diagnosis but also from a point of view which more properly would come within the field of prevention and would especially cover measures designed to prevent its development as a metastatic or secondary process from infected foci established elsewhere than in the lungs themselves.

I shall not take up the symptomatology of the various organs that may be and are often attacked by tubercle bacilli, but will give in a general way the signs and symptoms we may expect and search for; of course I hope in the discussion that these points will have due attention.

Clinically speaking there is no "pre-tubercular" stage in tuberculosis, for the disease is essentially the result of tubercular formation, and the clinical symptoms are absolutely negative until the morbid processes have so far advanced as to produce some disturbance of the natural equilibrium of the individual from that of normal health.

As medical men, we rarely have an opportunity for observing the initial stages of this disease, at least not until the invasion has advanced sufficiently to claim the attention of the patient, his relatives or friends. It is a well known fact that there is no disease in the earlier stages of which we are more dependent, for an accurate diagnosis, upon a careful weighing of numerous signs and symptoms, and in which the personal history of the individual bears such close and definite relation. Even in cases in which the personal history of the individual seems fairly free from a suspicion of susceptibility or of a tendency toward lowered vitality, a recent observer has pointed out that a family history not alone of phthisis but also of a general lack of resistance to disease should be taken into consideration as increasing the probability of tuberculosis.

Physical signs at this early period are not many, and difficult of recognition, but with an acute and trained ear we will be able to find a respiratory murmur of lowered intensity, but somewhat sharper in pitch, with slight pleuritic friction sounds, or possibly subcrepitant rales over small limited areas. Slight dullness on percussion, in some cases transmission of heart sounds, local areas of increased vocal fremitus. Upon inspection, and by way of parenthesis I

would say never examine the chest without stripping to the waist, you will notice an increase in respiration, with a corresponding sinking of the superclavicular spaces and an undue expansion of the alae nasi, with a lessened expansion of the chest walls from one-half to two inches; this you should never neglect testing. Looking in the throat you notice an anemia of the mucosa lining the throat and fauces; in young girls suffering from amenorrhea with increased pulse rate and constipation, you can suspect tuberculosis. That these signs vary in their relative prominence with the individual case, it is needless to call attention.

In close connection, from a diagnostic standpoint, occur many symptoms upon which we rely for corroboration of the suspicions aroused by the presence of the physical signs just alluded to. Chief among these disturbances is probably a slowly progressive anorexia, irregular in type, accompanied by a persistently coated tongue and dependent upon lessened food ingestion as well as upon metabolic and assimilative disturbances. We note a progressive loss of bodily weight; accompanying this, early and slight fluctuations in temperature and pulse rate, a slight increase in both, ranging from one-half to one degree in temperature and from ten to thirty pulse beats, are usually to be noted after midday, the pulse being weaker and softer than normal. It is of interest to note just here that quite frequently the temperature is subnormal from half to one degree, this I noted particularly in the case of my wife, and I think this well nigh pathognomonic; also we notice that upon exertion we have increase in both pulse rate and temperature in excess of that produced in health. Another very important point (which necessitates a blood analysis) is a general anemia, a lessening of the number of red blood corpuscles with accompanying diminished hemoglobin and an increase of leucocytes. The authority is somewhat divided on this point but I am sure the weight of evidence is in favor of the statement just made. Accompanying these early<sup>z</sup> manifestations we have night sweats, and I am inclined to the opinion that these night sweats are of much earlier appearance than we appreciate, and in a great majority of cases, though persistent, yet are so slight as to pass unnoticed by both patient and physician.

Hæmoptysis, when not directly traceable to some other cause, in a great number of instances may be pathognomonic of destructive processes being developed in the structures by the tubercle bacilli; however it is to be remembered that we do not always have this symptom to strengthen our final decision, though when present it can most assuredly be relied on. We further notice gradually developing a slight hacking cough, particularly exaggerated at night and on rising in the morning, and pleuritic pains beneath the scapular and in the upper part of the chest.

Repeated chilly sensations are experienced, with accompanying flushes of heat, and there is an unusually bright and glistening appearance of the eyes, while a hectic flush stands out prominently upon the cheek.

Now with the development of cough and the appearance of sputum, the diagnosis becomes much simplified by the opportunity afforded us of examining with the microscope for the presence of tubercle bacilli, a means the value of which we should not lose sight, for, in common parlance, it is the straw that breaks the camel's back: technically speaking, it is the one point that clinches the diagnosis. Though the physical signs might negative the presence of tubercle, yet when found on the slide we are positive as to the true nature of the disease. When we are thoroughly satisfied that we have a case of incipient tuberculosis to deal with, we naturally turn to the *materia-medica* in quest of some remedy that promises a hope of relieving or checking the morbid processes now in operation. I shall preface my remarks on treatment with the statement that we have no known specific; yet in the use of a combination of remedies, hygienic and dietetic as well as climatic, we can reasonably hope to be of the best aid and do the most good for our patient. I should say that as much depends upon the protection of the patient from reinfection, and in careful and specific instructions pertaining to his promiscuous expectorating, as upon the remedies we use; this latter should be plainly but positively interdicted, for the dried sputum furnishes millions of tubercles which float in the air and are liable to be inhaled by other people as well as the patient, thereby acting as a disseminator of the disease.

First, financial circumstances permitting, our patient should be sent to some of the known climatic resorts and instructed to place himself immediately under the care of a resident physician, for no doctor should attempt to treat a patient of this class hundreds of miles from his personal supervision. The patient should be made acquainted with the true nature of his trouble, even though it serve as a temporary mental depressant, for two reasons: first, that he may help you in the management of his case, which is absolutely necessary in carrying out your instructions, and, second, that he may aid in protecting from contagion the members of the community in which he lives. I would not be understood as saying that climatic treatment is all that is necessary or required, but I want to lay stress on the fact that it is a most potent factor in the successful management of tuberculosis. The nutrition is of paramount importance and should consist of those articles which furnish the patient the greatest amount of nutritive and the least of effete matter; it should consist principally of egg-albumin, malted milk, sweet milk, beef-peptonoids, good fresh beef, chicken, and, when the digestion will permit, Cod Liver Oil with or without whiskey; the hygienic surroundings should be strenuously looked after; warm baths should be taken at night and cold baths in the mornings, better given by an attendant, followed by a brisk rub; exercise should be taken, but under the special supervision of the attending physician and in no wise should it approach fatigue nor should it ever be taken when the temperature is up or when it accelerates the pulse rate above the normal. So far as possible the patient should remain out of doors in the open air and sunshine both summer and winter, with the body sufficiently protected by wraps, remaining out at least eighteen hours of the twenty-four. Cases are on record where patients have gotten well on the open air treatment alone.

As to medicinal treatment I would call your attention first to the complicating symptoms we are liable to meet, such as malaria for which we should prescribe quinine in sufficient doses to eradicate the complication; again we frequently meet a well marked case of indigestion which calls for treatment and in which we should give very little

purgatives, if any, but use some of the known appetizers and digestants to promote an appetite and assist digestion to supply the increasing waste.

Some laud Morrison's pure re-distilled Beech-wood Creosote in from 25 to 100 drops daily, internally and by pulmonary inhalation, claiming that it aids digestion, checks the developing of micro-organisms and incidentally aids nutrition.

Ichthyol is being highly extolled by some, and not without foundation, and I am rather inclined to try this treatment when the opportunity presents itself.

The serum, from which we expected such marvelous results, has been tried and found wanting, though good results are claimed for it in the hands of many. The Watery Extract (Von Ruck) is the latest and promises to be a formidable foe to the ravages of the disease.

To mention some of the special symptoms, as cough, we should not allow the pleadings of our patient to tempt us to prescribe the known cough nostrums. A little codeine is all that is needed to allay it sufficiently to induce sleep and rest. If diarrhoea is present, give some mild astringent such as sub-gallate of bismuth. For attacks of pleurisy use strapping and counter-irritation.

To sum it all up, gentlemen, we must have the co-operation and confidence of our patient, attend to the symptoms and give him that time which worketh out all things.

---

#### Cancer Cured by Radium.

At a recent meeting of the Imperial Academy of Science, Vienna, Austria, was reported a case of cancer cured by exposure to the rays of radium bromide. The patient, a man sixty-one years of age, had been repeatedly operated upon for cancer of the palate and lip without benefit. Exposed to the radium rays, the tumors gradually and completely disappeared.—*N. Y. Med. Journ. and Phila. Med. Journ.*

---

Dr. Frank Billings, late president A. M. A., has recently undergone a successful operation for gall bladder infection.—*Medical News.*

## COUNTY SOCIETIES.

CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY will meet December 9th. in the K. of P. Hall, Clarksdale. An attractive programme has been prepared and a large attendance is expected.

JACKSON COUNTY MEDICAL SOCIETY held its regular meeting Nov. 11th. Dr. W. A. Cox presented a clinic. Drs. Duke and Cox are the essayists for the December meeting and Drs. Evans and Bickerstaff for that in January. The next meeting will be held at Pascagoula December 9th.

MARSHALL COUNTY MEDICAL SOCIETY held its regular meeting Nov. 2nd., with a good attendance. Several interesting clinics were brought before the society and discussed by the members present.

At the next meeting there will be a discussion of business matters of the profession in the county; the subject of fees will be especially considered.

PEARL RIVER-MARION COUNTY MEDICAL SOCIETY met at Lumberton Nov. 11th. The program consisted of a paper by Dr. R. F. Nimmocks of Poplarville, discussing "A Continued Fever Not Typhoid," and a clinic by Dr. W. W. Hall of Lumberton. Dr. Nimmocks' paper, which was a description of several cases of fever in his section which were not malaria and not typhoid, evoked an animated and interesting discussion. The next meeting will be held at Lumberton December 9th.

WARREN COUNTY MEDICAL SOCIETY held its regular meeting Nov. 10th. Dr. M. H. Bell presented a paper on "Some Eye Complications in General Diseases" and Dr. H. H. Haralson one on "The Vicksburg Water Supply." The next meeting will be held Dec. 8th., when Dr. Jno. H. Purnell will open the discussion of "Business Affairs of the Profession." As this is a subject of general interest and one too little discussed openly among physicians, it is hoped that there will be a full attendance.

## ABSTRACTS AND EXTRACTS.

### Treatment of Prostatic Cancer.

Greene (*N. Y. Med. Journ. and Phila. Med. Journ.*, Oct. 24th.) writing of prostatic cancer, divides its treatment as follows:—

*"Preventive.* The ultimate analysis of the question of preventive treatment seems to lead to the conclusion that if gonorrhœal infection could be prevented in the first place, the occurrence of cancer of the prostate would become much less frequent; for it is now well established that chronic posterior urethritis is a very frequent complication of acute urethritis. More and more evidence is being brought out to demonstrate that chronic posterior urethritis and chronic prostatitis go hand in hand, that the latter plays a causative part in the formation of the so-called prostatic hypertrophy, and that this in turn, reasoning from analogy, plays a part in the frequency of the formation of cancer. It would seem evident, also, that a more prolonged and careful treatment of chronic posterior urethritis and prostatitis than has generally been the custom, would tend to prevent the so-called hypertrophy and the cancer secondary thereto.

*Palliative.* It is evident, from a review of the literature on the subject, that in the past a vast majority of cases of cancer of the prostate have been diagnosed after metastasis had already taken place and the system had become infected. Necessarily, then, operations attempted with the idea of cure have been failures. Something may be said, however, in favor of operations undertaken with the idea of prolonging life, or, more particularly in the later stages of disease, for the relief of symptoms, particularly pain. Taillefer in one case considered the making of a suprapubic opening responsible for the rapid involvement of the corpora cavernosa, while, on the other hand, Delore, in two cases, by the same operation thinks he gave relief. Desnos by resecting part of the prostate in two cases, gave relief from pain, apparently caused by pressure. The writer has only had as yet the opportunity to operate on the case reported above; but from a somewhat limited experience in palliative operations for tuberculosis and cancer in other parts of the genitourinary tract, he is of the opinion that palliative operations are justifiable in prostatic carcinoma, but that they should be well thought out before hand and not attempted if of a character to make the after progress of the disease more distressing to the patient.

*Curative.* So far, the only curative procedure at our command consists of removal of the cancerous prostate before metastasis has taken place; that it is possible to recognize it early enough to do that seems evident.

#### Treatment of Asthmatic Attacks.

Bullowa and Kaplan (*Medical News*, Oct. 24th.) have had many cases of asthma among the inmates of the Montefiore Home for Chronic Invalids in New York City. Almost all the text-book methods were exhausted without much benefit to the patients. Reasoning along the lines that the turgidity of the bronchial mucosa is the obstruction to the free ingress and egress of air, they used adrenalin chlorid hypodermatically in a series of cases. In some of the patients, who had arterio-sclerosis, a rigor was observed, with a sensation of pain and palpitation of the heart, a feeling of light headedness or headache as well as coldness and general shivering, with a feeling of tingling and numbness of the extremities. "These sensations have never lasted longer than ten minutes and have never been noticed to any marked degree when the drug has been administered in the proper dose." It is conceivable that patients with brittle arteries might be injured by an over-dose.

"With fresh preparations of the drug, 3 to 6 minims of the 1 in 1000 solution, hypodermatically, cut short the asthmatic attack, usually without disagreeable sequelæ. It is worth while mentioning the fact that solutions of adrenalin chloride deteriorate from exposure to light and air, and that the dose must be increased accordingly."

The following conclusions are suggested: "1. Given hypodermatically, adrenalin chlorid is capable of cutting short attacks of asthma in from two to twenty minutes. 2. In conformity with the angioparetic theory of an attack, the dose must be such as will cause prompt general vasoconstriction, three to six minims of the 1 in 1000 solution, in a single or divided dose, being used in adults."

#### Lacerations of the Cervix.

Craig (*Journ. of the A. M. A.*, Oct. 31st.) investigating lacerations of the cervix, wrote some fifty leading gynecologists asking:—

1. In what percentage of cases should you estimate that a relaceration of a repaired cervix occurred?
2. What percentage of the total number of cases of cancer of the cervix you have observed should you say had an unrepaired laceration of the cervix?
3. What percentage of the total number of cases of

cervical cancer observed by you should you say had undergone previous operations for such lacerations?"

Replying to the first question, six men express the opinion that no primiparous or repaired cervix ever undergoes the dilatation incident to parturition without at least a slight laceration; the same number state positively that they have never known relaceration to occur after a properly executed operation. Between these extremes are all grades of opinion. "Many men of unassailable wisdom and experience answered: 'I do not know.' Many others stated that they had no data, but that their replies were mere guesses, and, therefore, though fully appreciated they are useless. From information gathered from all sources, I am convinced that a properly repaired cervix reverts to about the condition of the primiparous cervix as regards laceration. Improper repair may not only predispose to a relaceration worse than the original tear, but like certain unrepaired lacerations, may cause serious dystocia, through containing an excessive amount of cicatricial tissue."

Question number two brought out several replies of: "I don't know." "The vast majority estimate them at 75 to 100 per cent. Several obviously confused the question with that of the occurrence of cancer in the nulliparous cervix, and others were stated to be guesses and therefore valueless. Their answers, in connection with my coincident investigation, convinces me that at least 90 per cent. of the cases of cervical carcinoma occur in previously lacerated cervices remaining unrepaired. Laceration is by no means a necessary antecedent, nor must carcinoma necessarily follow laceration. If laceration plays an actual etiologic role, it is merely as one of an unknown number of factors."

The third question achieved the nearest approach to unanimity. "Fourteen of the gynecologists declared positively that such operation had not been performed in any case observed by them. Many left the question unanswered and others, confusing the question with that of cancer in the nulliparous cervix or stating that they were guessing without reliable data, estimated the percentage at from 3 to 25. One man stated definitely that cervical cancer was preceded by a tracheloplasty in 6 cases out of 460."

"We all know that carcinoma occurs, whether or not as the result of traumatism, in the nulliparous cervix, and it is inconceivable that any tracheloplastic procedure should render a cervix less susceptible to cancer than one never subject to any traumatism. Therefore, I believe that these answers, in connection with the above cited results of my investigation of all available cases and literature, at least warrant the conclusion that the properly repaired cervix is

no more liable to cancer than the nulliparous cervix, and that tracheloplasty is therefore prophylactic of cervical carcinoma."

#### Radium in Medicine.

At a recent meeting of the New York State Medical Association, Dr. Samuel G. Tracy of New York exhibited specimens of radium of different strengths and discussed the possibilities of its application to medicine. It has already been used with apparently good success for the treatment of lupus and superficial epitheliomata. It has also been used with some success for the treatment of certain eye conditions and there is some hope that it may revolutionize ocular therapeutics for deep seated conditions. The inhalation of gas, which has been allowed to pass through the water of a wash bottle in which radium is contained, carries into the lungs particles which have for the moment acquired radiant power and that may act upon the pulmonary tissues. This treatment for tuberculosis is now under discussion.—*Medical News*, Oct. 31st.

#### Early Recognition of Pulmonary Tuberculosis.

Dunn (*American Medicine*, Oct. 17th.) contends that the value of findings by percussion and auscultation is dependent on the recognition of how much their significance is limited and an auscultation chart made while listening to the sounds is essential to accuracy both of observation and record. Only where frequent and regular observations are made is the temperature a guide of any value.

Negative sputum findings should never be considered sufficient grounds for a negative diagnosis, dependence upon the microscope being one of the greatest barriers to the early recognition of tuberculosis, and blood examinations throw no light upon the diagnosis in the incipiency of the disease, except in excluding those conditions in which the blood findings are characteristic, while the significance and reliability of agglutination have not as yet been determined.

The tuberculin test is a safe, reliable, justifiable and practical means of diagnosis where its use is indicated; that is to say, in suspected early cases where all other means have failed; but when a positive diagnosis can be made without its use it should be condemned as a "meddlesome procedure." As to the certainty of this test, he considers the reaction in nontubercular individuals to be found only when the patient is hopelessly ill of other disease, the organism being so loaded with disease products that the slightest increment to the burden produced an effect, in cases in which an unusually large dose was given and, thirdly, in exceptional individuals.

## THERAPEUTICS.

## Sweating of the Feet.

The following combinations are recommended by *Merck's Archives* in excessive perspiration of the feet:

|   |                       |        |    |  |
|---|-----------------------|--------|----|--|
| R | Acidi salicylici..... | gr. xv | 1  |  |
|   | Tannoformi.....       | 5iss   | 6  |  |
|   | Pulv. orris.....      | 5i     | 4  |  |
|   | Pulv. talci.....      | 5iii   | 12 |  |

M. Ft. pulvis. Sig.: Apply locally; or:

|   |                   |     |    |  |
|---|-------------------|-----|----|--|
| R | Formaldehyde..... | 5iv | 15 |  |
|   | Petrolati .....   | 5ii | 8  |  |
|   | Lanolini.....     | 5iv | 15 |  |

M. Ft. unguentum. Sig.: Apply freely at night; or:

|   |                         |          |    |  |
|---|-------------------------|----------|----|--|
| R | Pulv. acidi borici..... | 5i       | 4  |  |
|   | Pulv. amyli.....        | 5iii     | 12 |  |
|   | Tannoformi.....         | 5ii      | 8  |  |
|   | Olei caryoph.....       | gtt. i   | 06 |  |
|   | Olei lavendulæ.....     | gtt. iii | 20 |  |

M. Sig.: Use as a dusting powder.

## For Axillary Bromidrosis.

|   |                     |      |    |  |
|---|---------------------|------|----|--|
| R | Creolini .....      | 5i   | 4  |  |
|   | Ext. violet.....    | 5iv  | 15 |  |
|   | Alcoholis deod..... | 5iii | 90 |  |

M. Sig.: Wash the armpits with warm water followed by an application of the lotion.

## To Relieve the Cough in Pneumonia.

The following combinations are recommended by Text-book of Applied Therapeutics in the cough in pneumonia:

|   |                         |         |    |  |
|---|-------------------------|---------|----|--|
| R | Codeinæ .....           | gr. i   | 06 |  |
|   | Quininæ sulphatis       |         |    |  |
|   | Pulv. camphoræ, aa..... | gr. xvi | 1  |  |

M. Ft. cap. No. viii. Sig.: One every three hours; or:

|   |                            |      |    |  |
|---|----------------------------|------|----|--|
| R | Ammonii carbonatis.....    | 5i   | 4  |  |
|   | Syr. pulveris doveri.....  | 5iv  | 15 |  |
|   | Syr. pruni virginianæ..... | 5iss | 45 |  |

M. Sig.: One teaspoonful every two or three hours.

—*Journ. of A. M. A.*

# EDITORIAL.

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**E. F. HOWARD B.S., M.D.**  
Editor

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Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society, the Marshall County Medical Society, the Harrison County Medical Society, the Pearl River-Marion County Medical Society and the Warren County Medical Society.

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Although they have modestly noted the fact that their article on the treatment of asthmatic attacks is a preliminary communication, Drs. Bullowa and Kaplan (*Medical News*, Oct. 24th.) have at least given those of us who meet such conditions, and there are practically none who do not, considerable food for thought.

It has been generally considered that asthmatic attacks are due to spasm of the smaller bronchi, as originally taught by Laennec, and this to a subsequent temporary paralysis (Cameron) by which the increased demand on the external muscles is prolonged. Einthoven teaches that this spasm, by impeding respiration, produces an excess of carbon dioxide in the blood, which causes abnormal stimulation of the vagi, and that "this action and reaction are further influenced by the reciprocal effects of an accumulation of carbon dioxide in the central nervous system and a retardation of the circulation, and also by the rapid production of carbon dioxide in the organism in consequence of the powerful efforts required for the movements of respiration."

Acting along these lines, the treatment of asthma has been by the use of antispasmodics, and there are few, if any, of us who have not worried over their inefficiency and found themselves giving drugs whose dangers they recognized and

dreaded with no hope for anything more than temporary relief.

Such failures having led to the successful employment of adrenalin, it would seem that its success, if further investigation bears out the claims of these gentlemen, must cause an abandonment of the present theory of causation for that of obstruction by turgidity of the bronchial mucosa. Certainly the prompt relief experienced by the sufferers in this series of cases at least justifies its more extended employment. Should there be no further effect than the checking of the present attack quite a step will have been made, for no harm can be done by the remedy in the dose recommended (3 to 6 minims of the 1-1000 solution) and at least we do not risk initiating our patients into the habitual use of narcotics.

---

We have spent considerable time and thought on the copy of the transactions of the last meeting of the state association, that has come to hand during the past month, and have come to the conclusion that there is nothing commendable but the binding. Of course we have no reference to the subject matter, but speak solely from the standpoint of the typographer and bookmaker, for it is not possible to take any other view since the manner in which it is slopped together prevents the subject matter from being reached. It is the result, we suppose, of the plan so often adopted of getting in bids on the job and then letting to the lowest bidder: a plan that has its advantages in that it gets a cheap job and the association saves money, but surely the association cannot be so poor as to necessitate such exceedingly parsimonious action as this would indicate. The proceedings, in the absence of an official association journal, stand as the representative of the association from a literary and scientific standpoint and by the proceedings we are judged. No matter how good the articles, no matter who the men whose names are attached thereto, no one is going to waste much time in the endeavor to wade through the mess of typographical errors, smudges and blurs that adorns this production. We are informed that the secretary has declined to pay the printer; we would suggest that he go a bit further, and kill him.

## BOOK REVIEWS.

**International Clinics.** A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Vol. III, Thirteenth Series. J. B. Lippincott Co., Philadelphia.

The symposium on Diseases of the Gall Bladder and Gall Ducts contained in this volume is a distinct addition to medical literature. Probably nowhere else can there be found expressions of the opinions of men of such recognized ability upon this important subject. It is interesting to note that these conditions are not so absolutely handed over to the surgeon as has been the trend of opinion in late years, but that the medical aspects receive due attention.

Of special interest to southerners is the article by Dr. Craig, of the United States Army, on Malarial Infections, treating of their Parasitology, Symptomatology, Diagnosis and Treatment. This is well illustrated with colored plates representing the different forms of the parasite and some charts giving the temperature curves of the different types.

The department of surgery gives an excellent article on Cocaine Anesthesia with an illustrative case, being a lecture by Dr. Bodine of the New York Polyclinic, and a lecture on Asepsis and Antisepsis by Prof Championniere. There are also some readable articles on regional surgery, and this section would be of considerable merit but for an article on General Anesthesia that by some oversight has slipped in, and that with its historical inaccuracies and elementary platitudes serves as a blot on the otherwise impeccable character of the book.

**The Practical Medicine Series of Year Books** comprising ten volumes on the year's progress in medicine and surgery. Issued monthly under the general editorial charge of G. P. Head M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. X—Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by W. L. Baum M.D. and Hugh T. Patrick M.D. Year Book Publishers, 40 Dearborn St., Chicago. Price of series \$7.50. Price of Vol. X, \$1.25.

The excellence of the choice displayed in the selection of material for this work compensates greatly for its brevity; or, perhaps, it might be better said that it seems brief on account of its excellence, since it really contains more on these

subjects than is generally found in year books. The chapter on Constitutional Relations of Skin Diseases is well worth careful consideration and that on Special Dermatoses contains abstracts of unusual interest. Of the part devoted to Nervous and Mental Diseases, that section on the Neuroses is of the greatest interest. Differential diagnosis of these conditions is no less necessary than difficult and the authors whose opinions are here expressed are men whose views are of value. The special conditions are considered and adequate attention given their treatment.

## OBITUARY.

DR. ROBT. H. PEEL of Holly Springs died at that place Nov. 2d. of heart disease. He was one of the pioneers of the profession in Mississippi, being a graduate of the class of 1859 of the New Orleans School of Medicine. His ability as a leader is testified by the fact that he served as a brigade surgeon during the civil war, was surgeon of the I. C. and K. C. M. & P. railroads, was examiner for three insurance companies, had held the office of vice-president of the International Association of Railroad Surgeons and of the Tri-State Medical Association and was the first president of his county society, having been elected at its organization just four months ago.

## MORTUARY REPORT OF VICKSBURG.

(Computed from the monthly report of the City Physician)  
FOR OCTOBER, 1903.

| CAUSE                                 | WHITE |        | COLORED |        | TOTAL |
|---------------------------------------|-------|--------|---------|--------|-------|
|                                       | Male  | Female | Male    | Female |       |
| Croup.....                            | 1     |        |         |        | 1     |
| Carcinoma of Liver.....               | 1     |        |         |        | 1     |
| Eclampsia.....                        |       |        | 1       |        | 1     |
| Gastritis, Chronic.....               |       |        | 1       |        | 1     |
| Heart Disease, Mitral Insuf.....      |       |        | 1       |        | 1     |
| Intestinal Obstruction.....           |       |        | 1       |        | 1     |
| Marasmus.....                         |       |        | 1       |        | 1     |
| Nephritis Interstitial.....           | 1     |        |         |        | 1     |
| Peritonitis, General Suppurative..... | 1     |        |         |        | 1     |
| Phthisis Pulmonalis.....              | 2     |        | 1       | 3      | 6     |
| Pleuro Pneumonia.....                 | 1     |        |         |        | 1     |
| Rheumatism.....                       |       |        | 1       |        | 1     |
| Typhoid Fever.....                    | 1     |        | 1       |        | 2     |
| Uraemia.....                          |       |        | 1       |        | 1     |
| Worms (undertaker's diagnosis).....   |       |        |         | 1      | 1     |
| Unknown .....                         | 1     |        |         |        | 1     |
|                                       | 2     | 7      | 5       | 8      | 22    |

Population of the city (estimated)—White, 10,000; Colored, 10,000; Total, 20,000.

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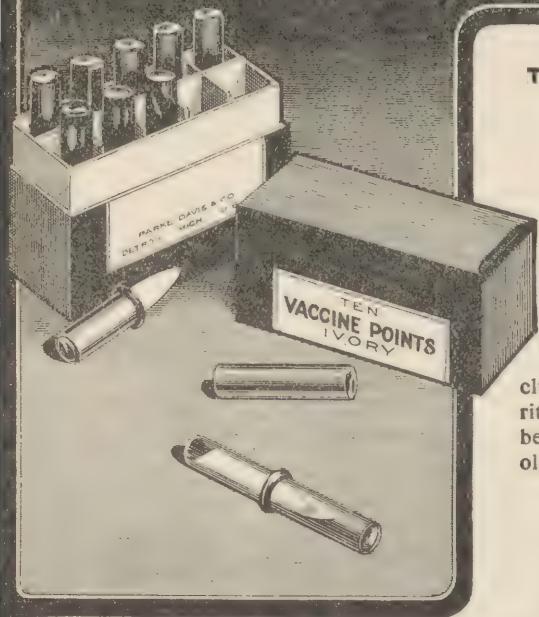
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# Mississippi Medical Record.

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S. C. GHOLSON M.D.,

HOLLY SPRINGS, MISS.

Old age is but a memory, its prospect the Tomb—drear indeed, but for a vague and undefined, yet pleasing and sustaining, hope of something better beyond if we have acted well our part in this life. Of the abuse and of the penalties attached to a mis-spent life I will say nothing, as I know nothing. I write this reminiscence of my own case with the hope that some one similarly afflicted “seeing may take heart again”, as it shows that the highest medical authorities may err in diagnosis or in prognosis, or in both, and that pulmonary consumption may be cured, or may get well through the *vis medicatrix naturae*, when that high authority has proclaimed the utter hopelessness of the case. If I had seen something such as I am about to write fifty years ago, written by some one who had had a similar experience to my own, it would have inspired me with great hope and encouragement and driven away thoughts of suicide which would obtrude themselves in spite of my determination to resist them to the bitter end.

In 1851 I received a diploma from the medical department of Hampden Sydney College, now known as the Medical College of Virginia, in the city of Richmond, the capital of my native state—Virginia. In the spring of 1852 I opened an office in Cincinnati, Ohio, but soon found that, although I had had the then exceptional advantage of a year as interne in the Medical College Hospital, I was sadly deficient in many things that I regarded as essentials of a properly equipped medical practitioner. I concluded therefore to spend three

\* Read before the Marshall County Medical Society.

years in the hospitals of Paris, then the Mecca of the medical profession.

I reached Paris in September, 1852, and found that indeed it was not overrated as a great medico-chirurgical center. It was only necessary to name the disease or surgical case you desired to investigate and you could find samples in some of the many hospitals of this great city. I looked forward to a rich harvest of professional experience but, alas, in the spring of 1853 I had a severe attack of epidemic influenza, "La Grippe," lasting several weeks and leaving me with a congested or hepatized left lung which culminated in a profuse hemoptysis, occurring about midnight. This I succeeded in checking, with the help of my roommate, Dr. E. Williams, afterwards a celebrated oculist of Cincinnati. As I was dressing next morning the hemorrhage returned and was so alarming in quantity that Dr. Williams suggested we should send for Dr. Leudet, a talented young physician from whom we were at the time taking a private course in medical diagnosis in La Charite Hospital. He gave me, for a hemostatic, powdered ergot in large doses, doses most nauseous since capsules were then unknown, much diluted sulphuric acid as a drink and rice milk (Riz au Lait) as a diet. After the hemorrhage had ceased for several days Dr. Leudet insisted upon my going to consult M. Louis, his old preceptor, who was at that time the great authority on tuberculosis and pulmonary diseases generally in France and indeed in all Europe. He percussed and auscultated me until I was weary. When he had finished I asked him what he thought of my case, saying that I wished no concealment. Without hesitancy he said that my condition was very critical and that my life expectancy could not exceed three years without very great precaution. Notwithstanding this gloomy prognosis I concluded to spend another year in Europe. I visited Italy, made a flying trip through England, Ireland and Scotland and a pedestrian tour of Switzerland. I returned to Paris in time for the winter course and, though troubled with a hacking cough, passed the winter in comparative comfort, attending lectures and taking private courses on diseases of the eye, surgical diagnosis, minor surgery and operations upon the cadaver. In the spring of 1854 I reopened my office in Cincinnati but my cough returned with increased and persistent severity,

accompañed by febrile exacerbations, night sweats and a muco-purulent expectoration. Medication gave me no relief, so I concluded my only chance to escape an early grave was to spend the ensuing winter in a milder climate. Fortunately for me, I use the word advisedly, the Ohio river was very low and rail-roads were few and far between. Therefore I determined to make the trip to north Alabama, my objective point, on horseback. I owned a good saddle horse, I purchased a pair of saddle bags, filled them with such things as I thought might be needed, crossed the ferry at Covington and began my long ride.

For the first few days ten or twelve miles taxed my physical endurance to the utmost but I soon began to improve, and so evidently that I concluded to deviate from the itinerary I had marked out and go by Holly Springs, Miss., to visit an uncle who resided there. When I reached this place my condition was so changed for the better that I could hardly realize it. My uncle advised me to locate in Holly Springs and as I thought the climate very similar to that of north Alabama and attributed my manifest improvement to the open air life on horseback I concluded to do so and try a country practice. Of this I soon got a share and for nearly twenty-five years, leaving out the four years of the civil war, I may say that I almost lived in the saddle.

I believe horseback exercise to be peculiarly beneficial to consumptives. Beyond the fact that it is, as an exercise, wonderfully invigorating, you get fresh air in all its purity and the motion of the horse has a tendency to keep the blood in circulation about the pelvis and extremities, thus relieving the hyperemia of the lungs. On a trip, too, the scene is constantly changing and the mind of the patient is drawn from himself to the contemplation of his surroundings. The diet varies from day to day and the pleasure of eating is enhanced by improved appetite and digestion. Even if the sufferer can ride but a few miles a day at the start, I know from experience that in a short time he will be able to make a good day's journey. Riding a few miles about home daily may be of some benefit but only a long continued ride is curative.

I believe that doctors generally are now agreed that if there is a remedy for consumption it is pure air. Sanatoria are being erected all over the country for the victims of tu-

berculosis. Hundreds are herded together to freeze in the Adirondacks or in Denver, to melt upon the arid and burning plains of Arizona or to inhale the aromatic but malaria-laden breezes of the tropics ; but this concentration of consumptives must have a depressing effect upon the minds of the invalids and in spite of every precaution the air of these places will become contaminated by the exhalations and excreta of the sick. If I were offered every known remedy for consumption and a free ticket to the best sanitarium in the land on the one hand and a good horse and a thousand mile ride on the other, I would " throw physic to the dogs " and take the horse and the ride, and I would think that I had made a good and proper choice and one that I recommend to any person whose lungs are not so seriously involved as to preclude the possibility of relief from any source without.

Seeing in the papers an account of a young physician having committed suicide because his case had been diagnosed pulmonary tuberculosis prompted me to write these recollections. Consumptives are usually sanguine and hopeful, but in 1853 and 1854 thoughts of suicide were frequent with me. I had seen enough of consumption to have a horror of going by that road ; but I resisted the impulse, took the long ride and am here to-day in my seventy-sixth year and in fairly good health for one of my age. Therefore I will say to any young man, or woman, whose case has been diagnosed tuberculosis of the lungs, to delay not but to go and do likewise and be healed. I hope the frequent recurrence of the personal pronoun will not make this seem egotistical, the *ego* always accompanies personal recollections.

Recent legislation in South Carolina provides that it shall be unlawful for any person, firm or corporation in the state to sell, keep for sale or offer for sale, or give away, any toy pistol, in which caps or cartridges are used, or any caps or cartridges therefor. The penalty for violation is a fine not exceeding \$100, or imprisonment (in the case of an individual) for not over thirty days.—*Journal A. M. A.*

## \*COUNTRY SURGERY.

J. J. SLACK M.D.,

FRIAR'S POINT, MISS.

The opportunities of the country surgeon are limited by so many circumstances that he rarely has the privilege of performing any of the capital operations. The contiguity of large cities, supporting hospitals and infirmaries supplied with every appliance that can tend to obtain perfect asepsis and the rapid performance of an operation by skilled surgeons assisted by trained nurses, and all to be had by the patient at almost no monetary consideration, naturally lessens the chance of the local surgeon to obtain the care of cases of greater gravity. Hence to him generally falls cases of minor surgery or the cases of those not able to pay him an adequate price for his work, and such emergency operations as lack of time, and perhaps, also, lack of money may relegate to his care. Yet the patient who falls into the hands of the pains-taking country surgeon frequently fares better than his brother with the more plethoric pocket who goes to the city hospital for the treatment of his ailments.

This is because, notwithstanding he has not the same facilities for operating and totally lacks trained attendants, and his work must be conducted under generally unfavorable circumstances, the pure country air, the loving attention of the family, the close attention and earnest endeavors of the doctor in behalf of his patient, with such asepsis and antisepsis as he can under the conditions command, weigh more for the patient's benefit than all the advantages offered by the more fortunately situated city surgeon. While speaking of country surgeons it is almost impossible not to bring in the physician, as all physicians are more or less surgeons, and acting as we are in the dual capacity of both surgeon and physician we are not only the repository of the family secrets of all of our clientele but are required to be informed on almost every topic under the sun, from "what the price of cotton will be" or "when the black cow will come into the pen," to "when Mary's baby will cut its first teeth," and we are also, from our surroundings, thrown more on our

\*Read before the Clarksdale and Six Counties Medical Society.

own resources and made more self-reliant, thereby better fitting us, under our environment, to undertake the care of grave cases than our city brother would be under the same circumstances.

We are accustomed to work with our own meagre supply of instruments and such surgical material as we have on hand, supplemented by our ingenuity to supply the lack of that which may not be obtainable, under circumstances and conditions where asepsis would be impossible and dependent for assistance or nursing on what may be supplied by the family and the friends of the patient. Yet we do, at times, obtain results which cannot be excelled by even our city surgeons with all their array of instruments, antiseptics and trained assistants.

Imagine you are sitting in your office, enjoying the pleasant sensation of warmth and dryness, meditating on the "fallacy of all things terrestrial" or the present empty condition of your purse and where you will make the next raise, and while you smoke your cigar, listening to the patterning rain and the howling wind, suddenly your thoughts are rudely disturbed—Bill Jones' biggest boy has been in a scrap and been badly cut and you are requested to "come as quick as you can." In the scramble to get case, surgical material, rain coat and other necessary things, you find that that emergency case, so carefully packed, is not possible because you cannot carry it on horseback, and in no other way can you reach your patient, so you have to satisfy yourself with a pocket case, and then with rain coat on and its pockets filled with gauze, cotton, antiseptics and bandages you sally out into the rain and mud, to relieve suffering and possibly to save life. After plodding five miles through liquid mud anywhere from six inches to three feet deep, you arrive at a 12x16 cabin, housing the old folks, six or eight kids of all ages and all the neighbors, to find your patient in bed, covered up with quilts forty years old and teeming with millions of microbes to the square inch, with a six inch gash in his back, gaping wide and filled with soot, cobwebs and other domestic styptics to stop the rapid bleeding. You find the cut passes through three shirts which have not been changed "since the summer's sun waxed cold." Dirt and filth so abound that you cannot even find a place to lay out

the few necessary instruments where they will not be infected, no water except from the nearby pump, red and sulphurous smelling, no wash basin (perhaps a skillet) nor such a thing as a towel, for which an ancient and much worn petticoat of the mother must suffice.

This must be your outfit, and this your chance of antisepsis. Get out your case, lay out your silk, gauze and antisepsics, and while you are examining the wound some grimy chap fingers your stuff, and while you endeavor, *secundem artem*, to cleanse and suture the wound, no doubt but your mind will revert to the well-impressed doctrines of the bug-ology professors of your alma mater.

But what can the outcome be? Ye shades of Esculapius! Gentlemen I have given you no fairy tale. Not one of you brother doctors who have not been up against such conditions, and yet we do get results—and good ones too.

I do not wish to claim to be able to do more than any one else could if placed in the same situation, still I wish to emphasize the fact that it is possible with the ordinary instruments owned by almost every physician, with proper care as to asepsis, to do good work and to conduct an operation to a successful termination, where success can at all be expected.

The conscientious country surgeon, on account of his lack of a proper place in which to keep his patient and trained nurses to see that his directions are thoroughly carried out, is often compelled to refuse cases which he is perfectly competent to undertake, because if he operates it will cost him much more in cash than he will be able to get for his services and he cannot afford to risk his patient's life without giving him every chance for recovery which modern science teaches is proper. This will explain why so many of our grave cases are sent to the hospitals for treatment, not because we feel ourselves incompetent to do the work, but because we are not so situated as to be able to give to our patient all the chances which modern surgery demands he should have. I, myself, in the last few months, have had the opportunity of performing laparotomy twice, for the removal of fibroid tumors, but on account of the reasons above given was compelled to advise the patients to go to a hospital.

In no way would I detract from the credit due to the city surgeon, or in any way reflect on his excellent work, but in simple justice to the country surgeon I wish to bring forward some of the difficulties attendant on his operations.

For the purpose of exemplifying what has been said, if this honorable body will pardon me, I wish to report one case operated on by myself, assisted by my son, in which some remarkable results were obtained under such adverse conditions as to preclude even a hope of success. At 4 P.M., Christmas day, I was called to see a man two miles away, who, I was told, "had his guts cut entirely out." We made all the haste possible, and arrived at 4:30, finding the patient, a strong young man of twenty-three years, with a three inch cut almost over McBurney's point, extending towards the right side, and from which protruded almost all the abdominal contents, with the small intestine cut squarely in two and with both the cut ends external to the abdominal walls. We found that the wound had been received at 8:30 that morning, and after it he had run nearly three hundred yards to a neighbor's house with his intestines, which had come out while running, gathered up in his arms, falling twice on the way and filling them with sticks and dirt. He was in bed with the protruding intestines piled up on his abdomen, cold and stiff from their eight hour exposure, with fecal matter and the liquid contents of the bowel literally smeared over everything. Pulse 130, Temperature 87° F., Respiration weak and shallow, with all the symptoms of severe shock. After a hurried examination, and such immediate attention as he required, we found we could get no water except from a pump, red and dirty, although we afterwards found a barrel of rain water on a back porch, which the woman of the house naively informed me was "drinking water." After emptying the intestine as well as we could, we tied the cut ends with tapes and washed him as clean as possible in the pump water, then two washings with a 5 per cent. Formalin solution and lastly a normal salt solution, keeping the exposed intestines well covered with hot towels and strips of absorbent cotton wet with normal salt solution. The cut ends were brought into careful apposition and with a finger inserted into the lumen of the gut, a row of Czerny stitches, turning in the mucous coat, were applied, withdrawing the

finger as the last stitches were put in position. This was followed by a row of Halstead stitches introduced thus:—the needle was inserted through the peritoneal and muscular coats, entering  $\frac{1}{4}$  inch from edge of the cut, and emerging  $\frac{1}{8}$  inch, crossing to the other side entering  $\frac{1}{8}$  inch and emerging  $\frac{1}{4}$  inch from the cut edge. This was repeated  $\frac{1}{4}$  inch away from the first row, in reverse order, finally bringing the two ends out on the same side of the wound, where they were tied. This brings the two peritoneal edges together, turning the edge slightly in and allowing adhesion to take place and preventing leakage. We used the Halstead stitch only in the wound in the mesentery, which was about an inch long. The intestines were then carefully returned to the abdomen, the cavity thoroughly flushed with normal salt solution until the water returned perfectly clear and the abdominal wound closed with deep interrupted sutures with strong braided silk and small approximating stitches to close the edges of the wound. We dressed with antiseptic powder, gauze and cotton held in position with rubber plaster, with a three inch flannel bandage over all. We were somewhat over one hour doing the work, the patient meanwhile receiving two hypodermic injections of nitrate strychnia and was very comfortable when we left, but not expected to pull through the night. I saw him at 9 o'clock the following morning and to my surprise found temperature 99° F. and pulse 90, with the patient resting very well, but hungry, not having had anything since the morning before. Neither food nor water were allowed for the first day and no food for two days, and then only buttermilk in tablespoonful doses. His bowels moved under full dose of salts on the night of the second day, and showed neither blood nor any obstruction. On the third day he had a hard chill with a temperature of 104° F. and we now thought peritonitis, which we had so confidently expected, and to be followed by death, had set in, but the high temperature was controlled by aconite, with occasional doses of nitrate of strychnia, and followed with quinine turned the scale in our favor and he had no high fever afterward, and barring a slight infection in the abdominal wound, and a spell of colic on the sixth or seventh day, the case progressed as nicely as you could have wished. I also wish to call attention to the fact that he was, contrary to my very

positive instructions, moved from the house on the fifth night and carried some two hundred yards to his own house and up a high step and put to bed; again on the ninth day they allowed him to sit up while his bed was arranged, both being strictly against my orders, but neither infraction of my rules seemed to do him any harm and his bowels continued to move in a perfectly normal manner and at no time gave any trouble of consequence. Case was dismissed on twentieth day, with instructions to remain in bed for one week and in his room one week more, until the recently healed intestinal and abdominal wounds should become so hardened as to be able to stand the usual strains. Unfortunately for both him and myself, the plantation owner four days later required him to give up the house, and his friends put him on a cot and carried him to the Lee Line landing, two miles through the mud, on the shoulders of four men. It poured down rain on him during that two mile trip and he remained wet from 8 A.M. to 5 P.M., in the meantime having a hard chill. He was carried to Helena on the boat and died there four days later of pneumonia, having shown at no time any trouble from the wound received twenty-six days before; neither obstructions, peritoneal inflammation nor adhesions.

I merely bring this case to your notice, not to advance any great claim for my work but simply to illustrate under what difficulties we country surgeons do our work and to draw the line of difference between the conditions under which we and our city brothers operate, and if I shall succeed in giving encouragement to some one of the country doctors I shall feel myself fully repaid.

The Texas Health Department is advised that no new cases of yellow fever have appeared at Monterey, Tampico, and other places in Northern Mexico for several days. The Texas quarantine against those places will be raised in a few more days. Dr. Carillo, Vice-President of the Board of Health of Monterey, announces that there were about 10,000 cases of yellow fever in that city during the recent epidemic, and that there were 580 deaths from the disease.—*Medical News.*

## C O U N T Y   S O C I E T I E S .

CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY held its regular quarterly meeting December 9th. An interesting paper on "Country Surgery"/\* was read by Dr. J. J. Slack, of Friar's Point, and in the discussion many amusing experiences were elicited. At the night meeting the following officers were elected for the ensuing year: President, Dr. W. D. McCalip, Cleveland; Secretary, Dr. E. H. Martin, Clarksdale; Treasurer, Dr. J. W. Gray Jr., Clarksdale. It was decided to hold the meetings semi-annually, instead of quarterly, in the future and the first Wednesdays in April and November were set as the dates.

JACKSON COUNTY MEDICAL SOCIETY held its annual election of officers at its December meeting. All old officers of last year, were re-elected. The literary feature was a paper on "Ethics" by Dr. B. F. Duke, one of the most valuable and interesting that has been read before this society. Drs. Bickerstaff and Evans will be essayists for the January meeting, which will be held at Pascagoula on the thirteenth.

MARSHALL COUNTY MEDICAL SOCIETY met December 7th., but transacted no business beyond passing resolutions of respect to its late president, Dr. R. H. Peel, adjourning immediately thereafter. A meeting was ordered December 29th. for the election of officers and the transaction of some unfinished business.

PEARL RIVER-MARION COUNTY MEDICAL SOCIETY, at its December meeting, re-elected all its old officers. A paper on Lobar Pneumonia was read by Dr. L. L. Polk of Purvis.

WARREN COUNTY MEDICAL SOCIETY held its regular monthly meeting December 8th. It being the last meeting of the year there were no essays, but the time was occupied in the election of officers and transaction of business. The secretary's report showed an increase in membership of fifty per cent. since the adoption of the constitution as an affiliated society. Election of officers for 1904 resulted as follows: President, S. Myers; Vice President, B. B. Martin; Secretary, M. H. Bell; Treasurer, J. Waldauer; Censor to 1907, R. A. Quin; Delegate to State Association, E. F. Howard.

\*Which appears in this issue.

## CURRENT LITERATURE.

**Medicinal Treatment of Gall-Stones.**

Richardson (*Therapeutic Gazette*, Nov.) says that gall-stones appear to be the result of an infection, producing an inflammation of the walls of the gall-bladder, and a reduction in the total solids of the bile, especially of the bile acids, with an increase of cholesterine. Similar results have been produced by injecting mercuric chloride into the gall-bladder of starving dogs, showing that bacterial infection is not necessary to produce a condition of bile favorable to the formation of gall-stones.

Analyses of bile from fistulae seem to prove conclusively that cholesterine gall-stones are the result of a deficiency of glycocholic acid. "It naturally suggests itself that the prophylaxis of gall-stones is the administration of glycocholate of soda by the mouth, since it will then be absorbed from the intestine, entering the gall-bladder from the liver, and hold the cholesterine in solution." The possibility of dissolving gall-stones already formed has also been considered. Harley and Barratt inserted large gall-stones into the gall-bladders of healthy dogs and found that in periods of from six months to one year they had entirely disappeared. In other cases in which they produced a cholecystitis the gall-stones remained unaltered.

"From these experiments it is evident that by the administration of glycocholate of soda it must be possible to dissolve gall-stones in the bladder, and even when cholecystitis is present glychocolate of soda is indicated not only as a prophylactic but as a solvent for stones already present, and that in those cases only in which there is occlusion of the gall-duct is surgical interference permissible.

**Diet and Drugs in Nephritis.**

Gordon (*Medical News*, Nov. 28th.) says that the health of the kidney depends, in a great measure, upon the normal metabolic and depurative work of the liver, the state of the genito-urinary tract below the upper opening of the ureter, the cutaneous circulation and vaso-motor influences, and upon the absence of pressure and traumatism.

Inasmuch as the fundamental principle in the treatment of all diseased organs is to secure rest, and as the work of

the kidney is to eliminate certain ingredients of the blood the retention of which would be injurious, it is essential in the management of nepritis not only to maintain a normal condition of the blood but at times to so change its quality as to reduce its excretion products to a minimum.

Since the quality and quantity of food and the use of alcoholics are frequent and potent factors in the production of renal diseases, the matter of diet in nephritis is of prime importance. The food must be regulated in such a manner as to rest the kidneys and, at the same time, adequately nourish the body. Nor should it be forgotten that a diseased kidney must be fed and that no injury must be inflicted upon it by withholding what is required for its own vitality and the performance of any function.

The author believes that gout and lithemia are responsible for a large number of cases of nephritis. Those who have watched the effects of irritants in the blood or urine, cannot escape the conviction that excessively acid urine, excess of solids, and especially excess of uric acid and calcium oxalate cannot fail in time to injure the delicate epithelium of the tubules and stimulate the growth of connective tissue. Therefore it follows that a diet which promotes a normal reaction of the urine and prevents the formation of abnormal ingredients is clearly indicated. An analysis of three cases, which are described, would seem to teach that an exclusive milk diet may do harm by furnishing too much urea, by causing constipation and absorption of toxins, by failing to supply the blood with sufficient nourishment or by setting up lactic or butyric fermentation. On the other hand, all are familiar with the benefit in a large number of cases of a diet composed wholly or largely of milk.

There is one point regarding nitrogenous food which ought to be emphasized; fowl, eggs, fish and game should not be indulged in to excess because meat is contraindicated. At times all of the above-mentioned articles have to be cut out of the dietary.

"The value of diuretics in acute nephritis when urinary secretion has almost or entirely ceased is a contested point. Theoretically they may be contra-indicated in many cases, and high authorities advise against them, but theories and the dictum of authorities often wane before facts. Irritating diuretics may do harm, but we are fortunate in possessing many agents which are non-irritating and productive of the greatest benefit. An efficient cholagogue is a powerful auxiliary, free biliary secretion and open bowels being frequently sufficient to produce prompt improvement in the patient's condition.

The usefulness of diaphoretics, particularly in acute cases, cannot be questioned, and for emergencies pilocarpus

stands at the head for efficiency and promptness. Hydrgogue cathartics are of value in both acute and chronic cases, especially when dropsy occurs or when diuretics and diaphoretics are contra-indicated or fail in their action.

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#### Demonstrated Pathological Changes From Alcohol.

Crothers (*Journal A. M. A.*, Dec. 5th) from experiments on a large number of persons during a period extending over several months, considers that alcohol diminishes the vision some ten feet in thirty, disturbs the sense of color and causes blurred and indistinct vision. The expression of the eye is also changed. There is a prolonged staring and efforts to concentrate the sight.

The sense of hearing is markedly diminished, from a third to a half. Certain sounds cannot be distinguished. Certain tones are confused or altogether lost and musical sounds are confused. The intoxicated man pitches his voice higher than is natural because he is deaf and cannot hear his own voice unless he does.

The sense of touch is diminished. The ability to distinguish between heat and cold is impaired and rough and smooth surfaces are equally confused. The primary flush of the skin is followed by a sensation of cold. Taste and smell are equally impaired, as is found in the case of tea-tasters and experts who depend on their ability to discriminate flavors.

The effect on muscular capacity was tested in a long series of experiments. An apparent increase in power was noted at first after a dose of an ounce of alcohol, but this passed off in twenty or thirty minutes. The capacity to push, to pull, to lift, were all tested and found to be diminished from a fourth to a half. The fatigue point was reached in half the time and with half the work.

The effect on the heart showed a period of irritation and increased activity and a period of depression with slow recovery. In many instances the pulse descended as far below the normal, in the second stage, as it had been above it.

Memory is lessened in a marked degree. Thought rapidity and time reaction show the same paralysis and reason and discrimination are impaired.

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#### Recent Laceration of Perineum.

"Hegar in *Munchener Med. Wochenschrift* protests against the assumption that it is wise always to suture a laceration

in the perineum immediately after delivery. He thinks that the suture should be undertaken at once in case the condition of the wound insures primary healing or at least renders it highly probable, if the laceration be not too extensive, not extending too far in the rectovaginal septum, and the tissues have not been crushed and there is no suggillation. The general condition of the patient must also be good and the resisting powers to be counted on. Already existing infection must be positively excluded, with no evidences of fever or discharge suggesting endometritis or colpitis. Finally the environment must be such as to ensure all aseptic and anti-septic precautions and a favorable convalescence free from infection later. Under other conditions the suture of the tear should be postponed until after recovery. It is liable to heal spontaneously. In 53 cases in his experience treated expectantly, the lacerations of the first and second degree healed by primary intention in 33.9 per cent., with exact coaptation of the lips of the wound. In 11 cases the lips of the wound healed, but not in perfect position, and in 11 cases there was partial primary healing. In 77.3 per cent. of all the cases the functional results of the spontaneous healing were excellent. Only one of the 53 had any temperature. On the other hand, the statistics at Chrobak's clinic show some temperature in 95 out of 1,036 parturients not examined before the birth. In 45 cases in which suture was not attempted, the fever was slight in 86.6 per cent. and severe in 13.3 per cent. In 50 cases in which the laceration had been sutured the fever was severe in 38 per cent. of the cases—and this in a well managed clinic. The proportion would certainly have been larger in private practice. Hegar cites other statistics to sustain his plea that immediate suture of the laceration in the debilitated condition of the patient affords a predisposing soil for development of germs in the secretions pent in by the suture. In his clinic, parturients after delivery with a laceration have a bandage wound around the legs above the knee and are kept in the strictest dorsal decubitus for eight days. Douches and other manipulations are done with the greatest care during this interval, and entrusted only to exceptionally skilled attendants."—*Journal A. M. A.*

The Colorado State Medical Society has decided to publish a monthly journal. This will include its Transactions, replacing the annual volume. But it will perform a more important function, as the official organ of the State Society and the component County Medical Societies. It will publish official announcements of these societies and furnish a general means of communication between their officers, committees and members.—*Medical News.*

## THERAPEUTICS.

## For Exophthalmic Goitre.

|   |                       |         |
|---|-----------------------|---------|
| R | Sulphanilic Acid..... | gr. cl  |
|   | Sodium Carbonate..... | fʒij    |
|   | Distilled Water.....  | fʒxviii |

M. Sig. From three to five dessertspoonfuls daily, preferably in two doses.

or,

|   |                          |         |
|---|--------------------------|---------|
| R | Sodium Sulphanilate..... | gr. cl  |
|   | Distilled Water.....     | fʒxviii |

M. Sig. Six dessertspoonfuls daily in two doses.

—*Medical News.*

## For Early Gonorrhœa.

|   |                                 |        |
|---|---------------------------------|--------|
| R | Yellow Oxide of Mercury.....    | gr. xx |
|   | Oleic Acid.....                 | ʒi     |
|   | Silver Oxide.....               | ʒii    |
|   | Powdered Scale Pepsin } aa..... | ʒiv    |
|   | Powdered Caroid ..... } aa..... | ʒiv    |
|   | Albolene }                      |        |
|   | Water.... } aa.....             | fʒij   |
|   | Lanolin.. }                     |        |

M. Sig. To be applied daily by the physician.

At the same time use internally:

|   |                              |      |
|---|------------------------------|------|
| R | Sandal Oil.....              | fʒvi |
|   | Powdered Cubebs... } aa..... | ʒi   |
|   | Benzoic Acid..... } aa.....  | ʒi   |
|   | Pepsin.....                  | ʒiv  |

Divide in 30 parts and dispense in cachets. One four times a day.

—*American Medicine.*

## For Bronchitis.

DeBrun recommends highly the use of ichthylol in chronic bronchitis. It may be employed in pill form, or as follows:

|   |                              |         |
|---|------------------------------|---------|
| R | Ichthylol.....               | gr. xxx |
|   | Glycerin..... } aa.....      | fʒiv    |
|   | Syrup of Orange... } aa..... | fʒiv    |
|   | Water.....                   | fʒiii   |

M. Sig. A half to one teaspoonful several times a day.

—*American Medicine.*

# *EDITORIAL.*

**E. F. HOWARD B.S., M.D.**  
Editor

## **COLLABORATORS**

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Vicksburg.

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Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society, the Marshall County Medical Society, the Harrison County Medical Society, the Pearl River-Marion County Medical Society and the Warren County Medical Society.

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With the annual meeting of the State Association less than four months off, it is high time that those counties not yet organized get to work and form societies. Whether we like it or not, and nearly all who have tried it seem to find that the plan works unusually well, we are committed to this method of doing business and must make the best of it. It is not the part of physicians to sit idly by and say that "if you won't play in my back yard I won't play in yours" and we are sure that none of our Mississippians really think in that way. It is hard with us to get meetings in the fall when "cotton is moving" and in the winter those in the country districts plead, and justly, the difficulty of getting about as an excuse for not attending meetings. But these are difficulties that must be overcome. If not, some bright spring day we will awake to the realization that the meeting of the State Association is on and that by our inertia the house of delegates is deprived of the advice and counsel of some one who has hitherto been a leader in such matters. We will attend the meeting, take part in the discussions and debates, but in business affairs our hands will be tied and we will see with regret our friends struggling with the problems in which we used to give our aid—and we will be powerless to help them.

The formation of a county society is not a difficult matter. The councilor of the district is always ready to help, it is his duty to do so, but he alone and unaided cannot accom-

plish it. The men of the small towns and the cross-roads settlements are the ones needed. They are the men to secure whom this change has been made and they are the men we want to get. The country practitioner is almost invariably modest, you cannot get him to speak of his work—but what a world of information and experience is his. The city surgeon or specialist is known for only one thing, but here is a man who is accoucher, gynecologist, surgeon, oculist and aurist, pediatrician and therapist—the “all-round” man—he is the man we want. Will he not come in and join us?

We take great pleasure in calling the attention of our readers to the paper by Dr. Gholson that appears in this issue. The elder members of the profession are too apt to hang back and “leave it to the boys” when it comes to the meetings of societies and the preparation of papers therefor, and it is to these very men that the younger must look for that information that comes only from experience, that cannot be obtained from books and that, unless they can get it by contact with their elders, they will never have until after years of toil. Marshall County is to be congratulated in having a man of such years and experience who still “goes to meetin’” and does not think himself above such matters.

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### IN MEMORIAM.

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**Dr. R. H. PEEL.**

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Resolutions of the Marshall County Medical Society, December 7th, 1903:

*Resolved*, 1st.—That with due submission to the will of the Almighty, we must deplore the sudden removal of our worthy president and beloved companion and confrere, Dr. R. H. Peel.

2nd.—That in the death of Dr. Peel, Marshall County has sustained the loss of a most valuable citizen, the medical profession an eminent and conscientious practitioner, the poor a friend in need, whose loss will long be felt.

3rd.—That we extend to the family of the deceased, our deepest sympathy and condolence.

4th.—That a copy of these resolutions be sent to the family of Dr. Peel, to the local papers, and to our official organ, the **MISSISSIPPI MEDICAL RECORD**.

DR. S. C. GHOLSON,

DR. J. W. McCLATCHY,

DR. R. A. SEALE,

Committee on Resolutions.

DR. L. D. HAMILTON, President.

DR. R. A. SEALE, Sec. & Treas.

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**Dr. R. D. MURRAY.**

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At a special meeting of the Jackson County Medical Society, held at Scranton, Mississippi, November 26th. 1903, the following resolutions with reference to the late Dr. R. D. Murray were unanimously adopted :

*Resolved*, That it is with the profoundest sorrow that we contemplate the tragic and untimely death of Surgeon R. D. Murray, of the U. S. Public Health and Marine Hospital Service.

*Resolved*, That in the demise of Dr. Murray, one of the brightest lights of the world's medical profession has gone out—that the Marine Hospital Bureau has sustained a loss which at this moment appears irreparable and the country at large a public servant whose worth is above its power to estimate.

*Resolved*, That in view of the past efficient, faithful, untiring and self-sacrificing services rendered by him in times of their peril and distress due to the dreadful scourges of yellow fever, the people of Mississippi, and particularly of the gulf coast, are placed perhaps under obligations to revere the name and memory of R. D. Murray above that of any other man.

*Resolved*, That we tender to the members of his family yet remaining on this side the dark River our sorrowful compassion and tenderest sympathy in their overwhelming grief.

*Resolved*, That these resolutions be published in the local papers, a copy sent to the family of the deceased and the same spread upon the records of this society as a testimony of the love and esteem in which he was held by its members.

B. F. DUKE M.D., President.

J. N. RAPE M.D., Secretary.

## BOOK REVIEWS.

**Non-Surgical Treatise on Diseases of the Prostate and Adnexa.** By Geo. W. Overall A. B., M.D., formerly Professor of Physiology in the Memphis Hospital Medical College. Rowe Publishing Co., 1312-34 E. Washington St., Chicago.

Several years experience with the customary methods, using sounds, the Bottini, etc., having convinced the author that surgical intervention is frequently unnecessary, he has been using non-surgical methods in selected cases for some time with better success. Medicinal applications, electrolysis, cataphoresis, etc., are suggested in this little book. The anatomy of the gland is considered and the diseases peculiar to it discussed. Two chapters are devoted to electrophysics.

**Diseases of the Ear, Nose and Throat. Quiz Compend.** By John Johnson Kyle B. S., M.D., Lecturer on Otology, Rhinology, and Laryngology and Assistant to the Chair of Surgical Pathology in the Medical College of Indiana, etc. First Edition. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price 80c.

This compend comes out in the well known form of the Blakiston series. The author states that it is intended for the student and general practitioner. The first half of the book is devoted to Anatomy, Physiology, Pathology and Bacteriology, examination and remedies and methods of applying the same to the ear, nose and throat. The remainder of the book takes up the various diseases of these organs in a brief but surprisingly complete manner, and the teachings are thoroughly up to date. The illustrations are very good. The book is commended to general practitioners doing some work in this specialty and who have not time to read the larger and more exhaustive works on the subject.—M. H. BELL.

**Clinical Treatise on Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Prof. Dr. Carl Von Noorden, Physician in Chief to the City Hospital, Frankfort A. M. Part IV. The Acid Intoxications. E. B. Treat & Co., New York.

This is decidedly the most interesting of the series so far published. The author discusses the subject in a manner that speaks of a truly German thoroughness of investigation. The chapters on "Sources of the Acetone Bodies" and "Where Are the Acetone Bodies Formed" are a bit abstruse but the "General Remarks on Autointoxication" and the "Therapeutic Considerations" are veritable eye-openers.

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## MISCELLANY.

### Rheumatic Pain and Fever.

In *The Medical & Surgical Bulletin* we find the following under the caption of "Acute Articular Rheumatism" by Dr. E. G. Evans: "Salol is the best intestinal antiseptic we have and Antikamnia as a pain reliever is, without doubt, unsurpassed, therefore, the combination of these two remedies in the form of the well known 'Antikamnia & Salol Tablets' affords us the ideal medicament for pain and fever in rheumatic conditions. Patients appreciate the fact that when administering Antikamnia, you relieve the pain without giving them morphia, while the salol acts as a germicide and antiseptic, tending to ameliorate generally, the symptoms of the disease. Antikamnia & Salol Tablets (each tablet contains  $2\frac{1}{2}$  grains Antikamnia,  $2\frac{1}{2}$  grains Salol) are best given in doses of two tablets every three hours until ten or twelve tablets are taken during the twenty-four hours. The patient's bowels must be kept open and the diet should be light. Alcohol is contra-indicated and water should be freely and frequently given. The bed covering should not be too heavy, but warm. Cold water packs as well as hot fomentations are very beneficial."

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From *Medical News*, New York.

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Iron preparations spring up like mushrooms in a night. The one backed by clinical evidence in hospital practice is the old stand-by Gude's Pepto-Mangan, which is the standard of known worth and which gives positive results.

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W. M. GRAY, M.D., Microscopist to Army Medical Museum.

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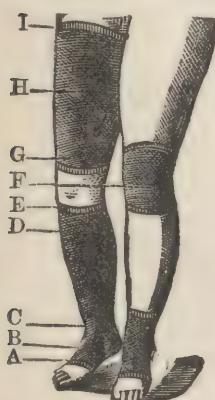
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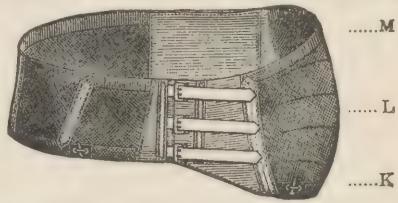
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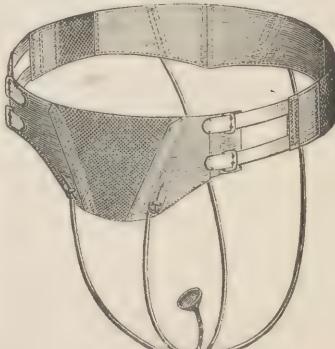
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#### Adrenalin and its uses in General Surgery.

Under the above title an article appears in the October issue of the *Indian Medical Gazette*, from the pen of Harry Gidney, F. R. C. S. (Edin.), D. P. H. (Camb.), etc. The author finds that the clinical usefulness of Adrenalin is very great and extensive, and owing to its power of rapidly and effectivel producing vaso-motor constriction, it is adapted to the treatment of all inflammatory conditions. The drug is also of extreme value in arresting hemorrhage during all surgical operations. It is indicated whenever and wherever any local hyperaemia exists, more especially in inflammations of mucous surfaces, such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum, vagina, uterus, stomach, &c. It is used not only to stay hemorrhage when it exists, but also as a preventive or controlling remedy, given either internally or externally prior to an operation, so as to lessen the amount of bleeding during the performance of that operation. It is a non-irritant to mucous membrane unless when used too frequently and in excess.

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Vol. VIII.

FEBRUARY 1904.

No. 2.

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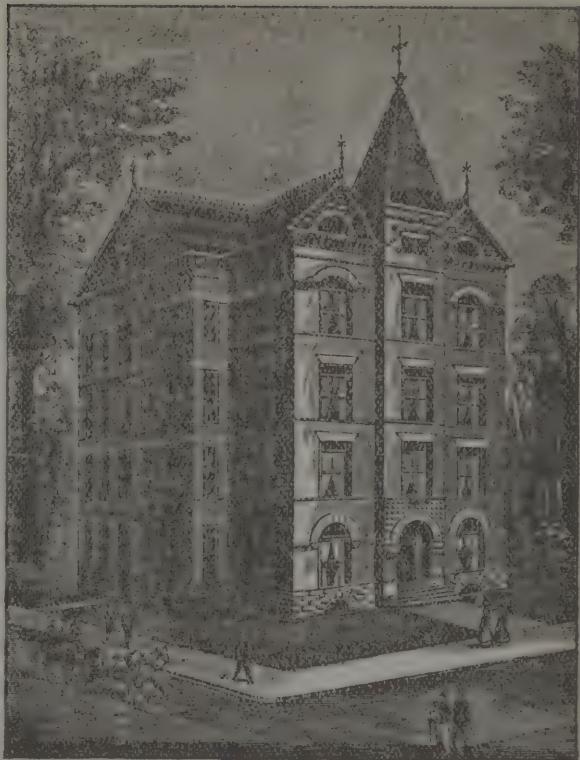
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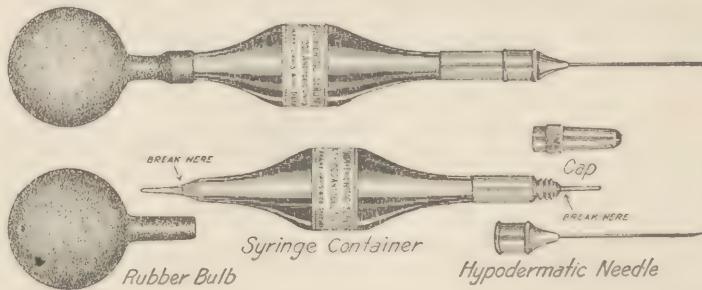
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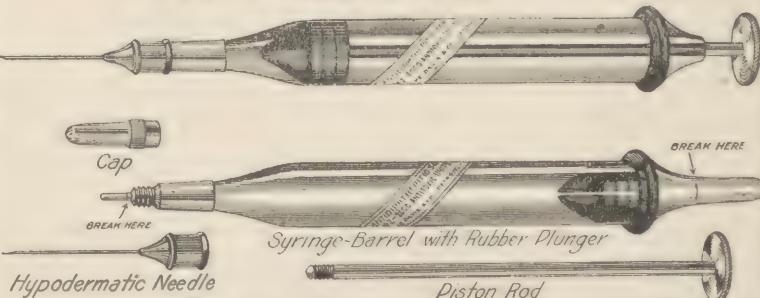
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## PACKAGE C - PISTON SYRINGE CONTAINER



# *Mississippi Medical Record.*

VOL. VIII.] FEBRUARY 1904. [NO. 2.

## ORIGINAL CONTRIBUTIONS.

### \* ETHICS AGAIN.

B. F. DUKE M.D.,  
PASCAGOULA, MISS.

It is written, "Out of the abundance of the heart the mouth speaketh." Pursuant to this scriptural truism, when a man undertakes to write or speak for a public occasion, the subject being left to his option, he is apt to make choice of one with which he is best acquainted, or about which he is most concerned. The latter consideration has determined my choice of the subject for a short paper which, by appointment, I am to read before you to-day.

No question of a temporal character more greatly concerns me than the peace and prosperity of the members of the high calling to which the best of my energies and limited powers have been devoted.

Having been honored as your presiding officer, I may assume to have your entire confidence and regard and shall therefore address you under a sense of propriety as also from the standpoint of a limited authority.

It is gratifying to note that a special effort is now being made to unify the medical profession in this country. To that desirable end a national federation is being inaugurated with the County Medical Society as a unit. What effect this will have toward removing the personal estrangements of neighboring and competing physicians, and thereby improving the real ethics of the profession, remains to be seen.

I have recently read a very strong, elaborate and interesting paper entitled "Organization, its Methods and Benefits," by J. N. McCormack M.D. of Bowling Green, Ky. In this paper many of the ills afflicting the medical profession

\* Read before the Jackson County Medical Society, December 9th. 1903.

are discussed and local jealousies and dissensions arising from the most trivial causes are held responsible for a large share in the causation of those ills. This is a fearful allegation and yet we find more or less evidence of its truth in every community where there is more than one doctor; and even in the country where they are many miles apart. Whether this is due to segregation or want of organization, as suggested Dr. McCormack, or whether organization will remedy the evil, I shall not undertake to say. The doctor, in arguing this point, holds up to our shame the fraternity of the legal profession, which he attributes to the frequent contact into which lawyers are brought by the courts. This illustration has often been used but has never been considered a good one. I have never known any lasting bitterness or ill-feeling to result from public discussion or debate among physicians. No odds how sharp the controversy, how widely they may differ, nor who may appear to have been the winner or loser, it all passes off with the occasion and they are about as apt to wind up with a "social drink" at the nearest cafe as are their brethren of the law. The truth is, the medical profession has no analogue. There is nothing in all the world like it. The lawyer goes from the court room to his home, takes another drink and goes to sleep, while the doctor takes his midnight rounds to the chambers and hovels of the sick which are the chief breeding places of his troubles with professional competitors.

Their paths cross every where, their name is on every tongue by day and by night, and many of their differences are traceable to some tattling busy-body in the community.

Some physicians are ever on the alert for affronts and doubtless often find them where they do not exist. Some are disposed to magnify mole hills into mountains. Some talk entirely too much about what they are doing, especially if they should happen to have a patient or two among the better classes. Some are always worked to death, and I have even known some who had not had a night's sleep or time to eat a square meal in four or five months; all this, of course, being intended to exalt them in the opinion of the laity, and though it may partially succeed along this line never fails to weaken them in the esteem of their medical neighbors who have more office leisure. It is quite certain that many an

alienation occurring between consulting physicians might have been obviated by proper control of the tongue.

How often has the honorable and upright physician been forced to repress his contempt and bite his lip with indignation at the hollow chattering, knowing looks and innuendo of a pretended friend on occasions of this kind. For such charlatanism there is scarcely any remedy. Fortunately, this class is not very large, it represents the few, but until all the knaves and fools who enter the medical profession for base and sordid ends have crossed the Styx they will be found here and there plying their vocation and displaying their chieft stock in trade, whether isolated in city, town or country or under the eye of a well regulated medical society.

I believe we are among the first to organize under the new dispensation and I sincerely trust we shall be first and foremost in matters of ethical reform, if such is needed. I half way fear that in all respects we are not on too high a plane in this regard, and that some of our ways may be susceptible of improvement.

I hardly think the physician lives who has not in some way given offense to or wounded the feelings of some brother practitioner. There are so many ways in which this may be done unintentionally, and so many and various incentives to do it purposely, that scarcely any may hope to have escaped. Yet, surely, if we are honest men and willing to be governed by the golden rule, we shall be willing to correct any errors of deportment we may find in ourselves. It becomes us, therefore, to enter into close self examination. Let each one ask himself the question : "Is it I?" "Have I done or said anything that would be discreditable to any member of this society, anything that would be unpleasant or offensive to me if done by another physician with reference to myself? Have I been as tolerant of the faults and foibles of others as I should have been? Have I maintained to a reasonable degree that golden reticence, so admirable and so often seen in the dignified and accomplished, in all the walks of life; or have I gabbled about myself, my patients, my remedies and my successes until all ears are weary? Have I sought to cultivate terms of amity and friendship with all who are in the circle of contact with me in the practice of my profession? Have I duly considered how beautiful and how pleasant it is

for brethren to dwell together in unity? Has it occurred to me that it is human to err, and divine to forgive?"

As said the matchless Burns:—

"The cleanest corn that e'er was dight  
May hae some pyles o' caff in;  
So ne'er a fellow creature slight,  
For random fits o' daffin."

Then gently scan your brother man,  
Still gentler sister woman;  
Tho' they may gang a kenning wrang,  
To step aside is human."

The frailties and errors common to mankind are ours also. It is possible that, of all men, the physician has perhaps the largest share of temptation to do wrong, and the wonder is that there is really so much of honor and integrity among them. It behooves us then to keep in constant use our powers of observation, and while we notice the conduct of others we should keep a special vigil on ourselves. The revered and learned Stanford E. Chaillé once said, in a lecture to his class, that if he had but one word to say to them that word would be "OBSERVATION." "It will enable you," said the great teacher, "to shun the dangers that will beset your career through life, as well as to keep you in the middle of the path." It will enable you to know others better, to know more of everything that passes about you, and above all, to cultivate a knowledge of yourself.

In the language of the lamented Oliver Wendell Holmes: "If you respect your profession as you ought, you will respect all honorable practitioners in this honored calling; and respecting them and yourselves you will beware of all degrading jealousies and despise any unfair art which may promise to raise you at the expense of a rival. How hard it is not to underestimate those who are hotly competing with us for the prizes of life. In every great crisis our instincts are apt, suddenly, to rise upon us, and in these exciting struggles we are liable to be seized by that passion which led the fiery race horse, in the height of a desperate contest, to catch his rival with his teeth as he passed and hold him back from the goal to which a few leaps more would have borne him. We can hardly cultivate any root of virtue, but it will bear leaves and flowers of some natural grace or other—or root of vice, but it will bear the fruit of sorrow. If we are fair

to our professional brethren, most of them will be fair to us. We should, by all means, encourage habits of courtesy in our intercourse with each other."

Remember that no man liveth unto himself. Remember that you need your brother's help, and that he needs yours; so that by standing together you may be mutually helpful to each other; your power for good enhanced as is the square of your combined knowledge compared to that of either one alone.

Finally, gentlemen, let us under all circumstances, and at all possible sacrifices, be true to the instincts of ideal physicians and gentlemen in our dealings with each other. Let us be true to our organization and so labor for its growth and progress that it shall be at least one of the best in all the new and great federation of American physicians, a unit of which we have the honor to represent.

---

#### \* A CONTINUED FEVER NOT TYPHOID.

R. FRANKLIN NIMOCKS M.D.,  
POPLARVILLE, MISS.

---

*Mr. President and Gentlemen:*

This subject is an extremely interesting one to me and is one in which, I believe, each and everyone of us is interested as I feel sure that we all have had some experience with it. My attention was first called to a continued type of fever neither Typhoid nor Malaria while still in school, by my Professor of Medicine, Dr. J. A. Witherspoon of Nashville, Tenn. Since my graduation I have had quite a good deal of experience with a continued type of fever which I consider neither Typhoid nor Malaria, and am inclined to believe it to be the same fever Dr. Witherspoon called my attention to, though I do not know whether or not the symptoms I have noted in this fever tally with those as given by him in their entirety as I failed to get all the symptoms as he gave them. I have noted the symptoms arising in the fever carefully and

\* Read before Pearl River-Marion County Medical Society.

with great interest. As to its Etiology and Pathology I can only say that I believe from close observation and careful study of the symptoms that it is attributable to the absorption of a toxic matter generated in the system somewhere, most likely in the intestinal tract. My experience with this fever being thoroughly clinical, of course my opinion as to Etiology and Pathology is merely speculative and therefore not admissible.

*Symptomatology.*—We most frequently meet with this fever in the hot summer months. It may, however, be extended into the late Summer and early fall, occasionally found in late fall. We frequently find the fever appearing endemically, occasionally epidemically. We find it in patients of all ages, though it is most frequently met with in adults. The period of incubation, if there be any, is short, from three to five days. One attack renders the patient more liable to future attacks. It begins with a chill most frequently, occasionally with slight chilly sensation or nervous rigor, rarely with neither chill nor chilly sensation. The chill is followed by rapid rise of temperature. Prostration is marked at the very beginning, pulse being rapid and feeble, with lack of volume and easily compressable. Temperature is fluctuating, simulating sepsis. The tongue has a bluish white coat with an occasional red tip and is always moist; it is about the normal size, possibly slightly broader, and we frequently find indentation by the teeth. There is rarely any tenderness of the abdomen, but if present it is in the hypogastric region. There is tendency to constipation but responding readily to purgation, with lumpy actions. The lungs are normal, no cough is present. Liver and spleen are slightly enlarged and frequently hypersensitive. The urine is scanty and high colored. We have a perverted function of the nerve-endings in the skin, and as a result of same we find the skin in a leaky condition, the patient often being bathed in sweat. We cannot get the patient to stay from under the cover; though his fever be high yet he calls for cover. Cold water brings on nervous rigor and instead of reducing temperature, elevates it. *Herpes Labialis* is frequent. The spots often coalesce and make great sores. Delirium is rare, but when present is wild, raving, maniacal. Complications are rare but relapses frequent, being caused by the least in-

discretion on the part of the patient. Duration is from two to three weeks.

## DIFFERENTIAL DIAGNOSIS.

| TYPHOID  | THE OTHER.  |
|--|---|
| Found in young adult life most frequently.                                       | Any age.  |
| One attack usually protects.   | Renders patient more liable to future attacks.                                      |
| Found in fall and late summer.   | Favoring hot summer.  |
| Period incubation ten to fourteen days.  | Three to five.  |
| Invasive stage with prodromal symptoms.  | Chill and rapid rise of temperature.  |
| Gradual prostration.   | Prostration at beginning.   |
| Pulse becomes weak gradually.  | Pulse feeble early in attack.   |
| Tongue red-edged and pointed.  | Whitish blue coat, occasionally red tip.  |
| Patient lethargic.   | Patient anxious, worrying, fussy, irritable.  |
| Do not care for anything but will take anything brought them.                    | Always wanting something, will keep you in state of constant movement.              |
| Temperature comes up gradually, step-ladder.                                     | Temperature fluctuating, simulating sepsis.   |
| Tongue usually dry.  | Always moist.   |
| Anorexia.  | Always hungry.  |
| Abdomen full, distended, tympanic; gurgling and tenderness in right iliac fossa. | Abdomen normal or scaphoid, and tenderness in hypogastric region.                   |
| Tendency to diarrhoea.   | Tendency to constipation.   |
| Cough.   | No cough.   |
| Skin dry and hot.  | Sweaty—frequently bathed in sweat.  |
| Will not stay under cover.   | Will not stay from under cover.   |
| Cold water lowers temperature.   | Cold water brings on nervous rigor and instead of reducing temperature elevates it. |
| Rose colored spots.  | No rose colored spots.  |
| No Herpes Labialis.  | Herpes Labialis.  |
| Delirium constant, low muttering.  | Delirium rare and when present is wild, raving, maniacal.                           |
| Widal's reaction present.  | Widal's reaction absent.  |
| Diazo reaction.  | Diazo reaction negative.  |
| Complications frequent.  | Complications rare.   |

The only other condition with which we are likely to confound this fever is Remittent Malaria. As you all know, in

Remittent Malaria we have the attack ushered in by a marked chill, followed quickly by high fever, during which time the patient is restless, distressed, nauseated, complaining of much pain in the limbs, head and back. When the fever subsides the patient feels comfortable until the next rise of temperature. The remissions and exacerbations of temperature are periodic. The duration is from nine to twelve days. We find the plasmodium malariae. Be careful and you will not confound this fever with any type of Malaria.

*Prognosis.*—Good if properly treated.

*Treatment.*—Hygienic.—When possible I have the patient bathed two or three times daily in tepid water, changing the gown after each bath. I also have the nurse change the bed linen each day. I advise pouring boiling water on the excreta and allow the vessel to stand thirty minutes before emptying.

*Dietetic.*—I put the patient on strictly liquid diet; beef juice, beef tea, milk, etc. I rarely use foods put up by pharmaceutical houses, but when I am reduced to it I prefer Leibig's Extract of Beef.

*Medicinal.*—The first thing I do for my patients is to arouse their secretions thoroughly and eliminate any toxic matter that may be in the intestinal tract. For this I give from six to ten grains of calomel, combined with podophyllin, bicarbonate of soda and extract of hyoscyamus. I invariably follow this with a saline purgative, most frequently magnesium sulphate or ordinary Epsom salts. Having done this, I then give fifteen grains of quinine sulphate each day for three or four days, to combat any malaria that may be present. After this I frequently give five or six grains of quinine daily throughout the attack. Having given my calomel and quinine, I then commence on strychnia and whiskey, and sometimes atropia, as stimulants. I give turpentine, listerine and salol as intestinal and urinary antiseptics. Any other condition arising during the progress of the disease I treat symptomatically with whatever is indicated by the condition.

This, gentlemen, is a very important subject and I assure you I shall certainly greatly appreciate your experience with and opinion of this Fever.

## \*QUESTIONS FOR LOCAL CONSIDERATION.

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B. F. MOSELEY M.D.,HATTIESBURG, MISS.

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*Gentlemen:*—At our last meeting I was appointed to read a paper before this Society, and as the question of a subject was left to me I have decided to deviate from the regular order of things and instead of dealing with one of the many ailments of mankind, I have selected a subject that I consider vital to the Association.

This subject is our relation to other things, to ourselves, to Hospitals and to the new mechanical treatments, such as X-Rays, Finsen Rays, etc., also other schools of medicine and quackism. Now if my understanding is correct, it is the duty of this Society to preserve, so far as possible, the molecular individuality of its members. Now to make myself plain, allow me to repeat the definition of molecule. A molecule is the smallest particle of matter that can exist by itself. Suppose that a man, uniting with the medical profession, forms the molecule I have referred to, then it only remains for me to repeat that it is the duty of this society to preserve the molecular individuality of its members.

It is not only the duty of its members to preserve their own molecular individuality but to preserve the same condition of things among their patrons so far as it is possible. Now the clause "so far as it is possible" is a supposition that we cannot entirely control all of this patronage, or in other words there is a tendency among some to organize and form a mass. So the question with us is what is our relation towards this mass or organized body? Shall we ignore it completely? If so, they will import some one to do their work from some place where the rates are cut and we will have the same condition.

Now on the other hand let us recognize these combinations, then what is our duty? I say we will have to be a known and an unknown quantity; that is we will be known molecular individuals and an unknown mass. Still we will not be able to control the appointments in these cases, but we can control the channels through which

\*Read before the Perry County Medical Society.

must pass the hospitals. These organizations with hospital facilities are the only organizations that stand.

The state adopts such methods for her poor, other corporations have the right to do the same for their employees. So I say, gentlemen, that this society of Perry County, instead of having two or three half kept hospitals, some controlled by corporations and some by individuals, should furnish and equip a first class place and refuse to attend at any other and the state or any other corporation that has money to bestow on same could make arrangements at reasonable figures to patronize this.

Now I also promised to discuss our relation toward some of the mechanical appliances for the treatment of diseases. It is known that the allopathic school of medicine does not hesitate to select any thing that is good from any other school, and in late years she has selected some things that are expensive, such as X-Rays, Finsen Rays, vapor baths, etc. Some of our members have tried some of these remedies and while their result has been excellent they proved to be expensive luxuries. So the question with us is, shall we abandon these devices altogether or shall we devise some plan by which we can have access to all of them?

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## COUNTY SOCIETIES.

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JACKSON COUNTY MEDICAL SOCIETY will meet at Pascagoula February 3rd.

JONES COUNTY MEDICAL SOCIETY.—After the Harper habeas corpus hearing last night the physicians who had served as witnesses met in the Masonic Hall, Ellisville, and organized the Jones County Medical Association, electing Dr. S. O. Smith of Ellisville president, Dr. R. G. McCormick of Laurel vice-president and Dr. Troy M. Sexton of Laurel secretary and

treasurer. The association will meet quarterly and discuss professional problems. All of the Ellisville physicians and all but three of the Laurel medicos were in attendance.—*Times Democrat Special, Jan. 17th.*

MARSHALL COUNTY MEDICAL SOCIETY held a meeting and banquet at the I. C. Hotel, Holly Springs, December 29th., covers being laid for fifteen. The subject of fees was discussed and a committee, consisting of Drs. F. P. Boatner, Potts' Camp; C. L. Hayes, Byhalia, and R. A. Seale, Holly Springs, was appointed to arrange a scale of fees which will be considered at the February meeting. It is suggested to adopt a minimum rate and allow the physician to exercise his discretion as to a maximum.

NEWTON COUNTY MEDICAL SOCIETY.—Physicians of the county met at Newton, December 14th., and organized a county society, all but six of the physicians of the county being present. Dr. G. H. McNeill, Newton, was elected president; Dr. S. Barto Henton, Decatur, vice-president and Dr. A. Lee Monroe, Lawrence, secretary and treasurer. A committee, consisting of Drs. G. H. McNeill, Newton; John B. Bailey, Conshatta; A. Lee Monroe, Lawrence; W. S. Norris, Stamp-er; John S. Adams, Chunkey's Station and I. W. Cooper, Newton, was appointed to draft a constitution and by-laws.

—*Journal A. M. A.*

PEARL RIVER—MARION COUNTY MEDICAL SOCIETY met Jan. 13th. An interesting paper was read by Dr. Buford Larkin, Columbia, Miss.: "Some Experiences In Obstetrics." Dr. C. C. Bass presented some specimens of uncinaria and ova. Dr. R. W. Thompson presented a case of uncinariasis.

PERRY COUNTY MEDICAL SOCIETY held an interesting meeting December 21st. The literary feature was a paper by Dr. B. F. Moseley of Hattiesburg\* suggesting the feasibility of county hospitals for the care of the county poor. The society at this meeting adopted a fee bill for the guidance of its members. On Dec. 28th., an adjourned meeting was held for the election of officers for 1904, which resulted as follows: President, Dr. T. E. Ross; Vice-President, Dr. J. D. Donald; Secretary, Dr. J. J. Stevens; Censor for three years, Dr. R. B. Stapleton; Delegate to State Association, Dr. W. W. Crawford.

WARREN COUNTY MEDICAL SOCIETY will meet at the office of Dr. R. A. Quin Tuesday evening, February 9th., at eight o'clock. Essayists: Drs. Birchett and Johnson.

\*Which appears in this issue.

## CURRENT LITERATURE.

## Things Every Tuberculosis Patient Should Know.

Stevens, *New York Med. Journ. and Philadelphia Med. Journ.*, Dec. 19th., says that the tuberculous patient should not cough without a handkerchief before his mouth. He should not cough in the dining room, should not swallow his expectoration, should not cough while lying on his back. He should use an antiseptic mouth wash before each meal and carefully cleanse his hands. He should not expectorate except into proper receptacles and whatever is soiled by sputum should be thoroughly disinfected. Persons who cough should refrain from kissing.

Exercise should be taken only under direction and should never be of a sporting character. None should be taken when the temperature is more than a degree above or below normal, if there is blood in the sputum, if it causes shortness of breath or if the patient is losing weight. Excessive exercise should be avoided, ten hours should be spent in bed each night, the patient must retire early.

At least eight hours daily must be spent in the open air. The windows of the sleeping room should be kept open. Night air is less beneficial than day air because lacking sunlight. Protect the head from the direct rays of the sun. Avoid dust, draughts and crowded or poorly ventilated rooms.

If the digestion is good, a generous mixed diet is indicated. When on full diet no food should be taken between meals. Forced feeding should be personally supervised by the physician, it is the amount assimilated that benefits, not the quantity taken. If not on full diet, a luncheon of milk and crackers, malted milk or raw egg should be taken two or three hours after each meal, taking no food within two hours of a meal. Milk should not be taken hastily, regularity of meals is essential, unsuitable food—especially sweet-meats—must be avoided.

There is no specific for the disease. Take only such medicines as are prescribed, stopping any that disturbs the stomach. Beware of sleep producers and throw out any unused medicine.

Clothing must be adapted to the individual, no fixed rule can be laid down. Avoid chilling, use wraps. Avoid overheating. No garment should be tight enough to inter-

fere with respiration. Use sensible footgear and avoid chest protectors.

Unless unadvisable for some reason, a cold sponge or shower bath should be taken each morning and a warm bath only once a week. Friction with coarse towel should follow the bath. Omit the cold baths during pleurisy, after a night sweat or if the morning temperature is below 97° F.

Alcohol is not a specific, tuberculosis is more common among those who have been intemperate.

Smoking causes a chronic inflammation of the upper air passages, lessening the power of resistance in these parts.

Chewing is condemned for sanitary reasons, as is everything that increases the tendency to careless expectoration.

Co-operation with the physician is essential, avoid the well meaning advice of friends with numerous suggestions. Avoid self-experimentation and do not discuss your symptoms with other patients.

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#### **Diabetes Mellitus: Limitations of Dietetic Treatment.**

Elliott, *Journal A. M. A.*, Jan. 2nd., says that the disappearance of the sugar from the urine and the disappearance of the disease are by no means the same thing. Restoration of the assimilative power is what is required. He divides diabetes into the controllable glycosurias which give but mild systemic symptoms and the intractable and progressive types that invariably end fatally. It is generally accepted that in the severer forms the sugar is derived from the systemic albumen as well as from the carbohydrates of the food, while in the milder it comes from the latter source. For this reason the treatment of the two forms varies materially. "It becomes apparent from the foregoing considerations that the course to be pursued in the dietetic treatment of diabetes is, in the amenable stages of the disease, to allow the patient as liberal an allowance of carbohydrates as the patient can assimilate, and in the severe stages as much as is found necessary to hold in check the dystrophic advance, bearing in mind the important fact that carbohydrates only act as albumin-sparing bodies when their ingestion is followed by at least partial assimilation. At the same time every artifice must be employed to introduce the largest amount of fat that the patient can take. If this method is pursued it does not become necessary to restrict the nitrogenous elements of food, for by the judicious introduction of carbohydrates and fats little necessity exists for excessive devotion to any one class of foods, and seldom is the patient led into overindulgence in animal foods. The point is frequently made that it is as necessary to limit the quantity as

it is the quality of the foods in diabetes. It seems to the writer an unnecessary cruelty to limit the amount of available foods to these patients, for the bulimia is the outcry of starved tissues, deprived of the food values necessary for their preservation, and to meet this tissue hunger by further starvation seems both cruel and unscientific. A better solution of the difficulty is reached by adjusting the diet, as far as possible, so as provide sufficient food calories for the systemic needs in easily available forms, such as carbohydrates, fats and alcohol, and when this is successfully accomplished the excessive craving for food disappears."

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#### Observations on Uncinariasis.

Warfield, *American Medicine*, Jan. 9th., examined sixty boys at an orphan asylum near Savannah, Ga. "A glance at the inmates shows an apparently sturdy, sunburned crowd of boys, but close inspection reveals the fact that very many have sallow, muddy complexions, while some show marked grades of anemia. Although many of the boys were evidently somewhat under size, there was no dwarfism with the 'potbelly' so characteristic of the very severe grades of infection with uncinaria. The eye-symptoms described by Stiles were not seen in a single case, although looked for carefully. Possibly the infections were not sufficiently severe. As almost all the boys were below the age of puberty, no opportunity was furnished of seeing the effect of the anemia on the sexual development. There can be no doubt, however, that were the boys to grow up untreated, many would show lack of physical and sexual growth. What was noticed in many cases was a curious lack of expression, amounting in many cases almost to a mask, which seemed to be drawn over the features, giving the patient a very stupid appearance. The pupils were dilated in some cases, normal in others. No uniformity was noticed. In one case in a freshly passed stool, a free embryo was found along with numerous uncinaria eggs in all stages of segmentation. Probably this was an embryo of uncinaria, and not of *Strongylus intestinalis*. Although it is very rare to find a free embryo of uncinaria in freshly passed feces, it nevertheless occurs occasionally.

Forty-eight, or 80 per cent., of the boys were infected. All grades were found except the very severe type. In some it was very difficult to find one egg after looking over ten slides; in others, the first slide showed two to six eggs. The size of the eggs correspond to the size of those of *Uncinaria americana*. No adult worms were obtained. In one case, eggs of *Ascaris lumbricoides* were found, in two cases,

eggs of *Trichuris trichiura*. Twenty-three boys were under ten years, thirty-seven between ten and sixteen years. The youngest positive case was in a boy of seven. As said before all the boys who harbored uncinaria were the subjects of more or less anemia. Twelve boys gave a history of having had one, or at most three attacks of chills and fever. Five gave an indefinite and doubtful history of previous malaria. All had been treated with quinin and had recovered completely."

"So certain am I that ground-itch in children is the precursor of uncinariasis, that in cases of anemia with an antecedent history of ground-itch I always expect to find, and almost invariably do find, eggs in the stools. I fully agree with Harris that the vast majority of anemias through the South are due, not to malaria, but to uncinariasis, and I feel that the more men make routine stool and blood examinations in cases of anemia, the greater will be the number who come to a similar conclusion. It is uncinariasis that is sapping the lifeblood in the country districts and the sooner this is realized the better. It is a burning economic question with us, for as Smith remarks, those who can only do a portion of a day's work in an indolent fashion will be able to do a full hard day's work with a consequent increase in the productiveness of the family."

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#### Suprarenal Extract in Gastrointestinal Disorders.

"Mancardi, *Reforma Medica*, says that suprarenal extract is useful in atony of the stomach. It is not so good in intestinal atony, when given by mouth as by enemata. The action is largely local, and hence the remedy, where given by mouth, influences the stomach and small intestines, while the enemata act largely upon the colon. The enemata should consist of from 30 to 100 drops, according to the degree of constipation present, the average dose being 50 or 60 drops. Enemata of suprarenal extract are not painful or followed by any unpleasant symptoms. A prolonged use of these enemata diminishes fermentation in the intestine and increases the body weight by improving the functions of the intestinal tract. The injection of suprarenal extract is of great value for diagnostic purposes in intestinal occlusion, as it enables the surgeon to distinguish between the spastic and the paralytic types of obstruction."—*N. Y. Med. Journ. & Phila. Med. Journ.*

## THERAPEUTICS.

## For Acute Bronchial Catarrh.

|   |                          |   |        |        |     |
|---|--------------------------|---|--------|--------|-----|
| R | Vini Antimonialis        | - | -      | 3jss   | 6   |
|   | Liquoris Morph. Acetatis | - | -      | 3ss    | 2   |
|   | Liq. Ammonii Acetatis    | - | f 3jss | 45     |     |
|   | Aquae Laurocerasi        | - | -      | f 3ij  | 8   |
|   | Syrup. Simplicis         | - | -      | f 3iij | 12  |
|   | Aquae q. s. ad.          | - | -      | f 3vj  | 180 |

M. Ft. mistura. Sig.: Two tablespoonfuls every three or four hours.

It should be borne in mind that when opium, antimony, aconite or similar preparations are given, they should be discontinued when the definite symptoms for which they are given have disappeared.

As a stimulating expectorant the following combination is recommended :

|   |                    |   |             |        |     |
|---|--------------------|---|-------------|--------|-----|
| R | Infusi Senegae     | - | -           | f 3iij | 90  |
|   | Sodii Bicarbonatis | - | -           | 3i     | 4   |
|   | Sodii Chloridi     |   |             |        |     |
|   | Ammonii Carbonatis | - | aa gr. xxiv | 2      | 65  |
|   | Syrup. Tolutani    | - | -           | f 3iij | 12  |
|   | Aquae q. s. ad.    | - | -           | f 3vi  | 180 |

M. Ft. mistura. Sig.: Two tablespoonfuls every six hours.

—Journ. A. M. A.

## For Acute Eczema.

|   |                            |   |   |   |        |
|---|----------------------------|---|---|---|--------|
| R | Acidi Salicylici           | - | - | - | gr. vi |
|   | Menthol                    | - | - | - | gr. xi |
|   | Olei Lini                  |   |   |   |        |
|   | Aquae Calcis, aa. q.s. ad. | - | - | - | 5ij    |

M. Sig.: To be applied locally.

—Journal A. M. A.

## For Dandruff.

|   |                 |   |   |   |             |    |
|---|-----------------|---|---|---|-------------|----|
| R | Zinci Oxidi     | - | - | - | gr. cv      | 7  |
|   | Petrolati       |   |   |   |             |    |
|   | Lanolin         |   |   |   |             |    |
|   | Aquae Dest. aa. | - | - | - | 5 <i>fl</i> | 10 |

M. Sig.: To be rubbed thoroughly into the scalp at night.

If the dandruff is very persistent, pyrogallic acid, 1 to 30, may be added, or chrysophanic acid, 1 to 100, with one-third of an ounce of oil of cade to replace the water in the foregoing prescription.—N. Y. Med. Journ. & Phila. Med. Journ.

## EDITORIAL.

E. F. HOWARD B.S., M.D.  
Editor

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Aberdeen.

Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society, the Marshall County Medical Society, the Harrison County Medical Society, the Pearl River-Marion County Medical Society and the Warren County Medical Society.

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It is of interest to note that the subject of fees is being considered. In the communications from the county societies it will be seen that Perry has adopted a fee bill and that Marshall has one under consideration. The latter proposes a sliding scale, the minimum fixed and the maximum left to the discretion of the physician in the individual case. This is clearly the right view of the matter, for while the charge for office consultations and visits must usually be the same to rich and poor alike, surgery and obstetrical work and the special care necessitated in certain conditions should be charged for in proportion to the financial condition of the patient. It matters not that the well-to-do will argue that no more time, and probably less trouble, is needed in their work than in that done in a negro cabin. They expect better results, they exact more attention and they should be made to pay for it. But this is not where the difficulty lies. Few physicians will fail to collect a comfortable fee when the opportunity presents itself. The main trouble is in forcing the unscrupulous to live up to the minimum. The man who "goes everywhere and takes what he can get" is the one who degrades the profession in the eyes of the laity. The man working on a small salary, the member of a trades-union, will employ him—although these very men will do murder at the cry of "scab" when it effects their own interests—and he will do a large and not unprofit-

able business at the expense of his fellows. It is hard to solve the difficulty but the solution, if there be any, is in the county society. If the organization of the profession can ever be perfected, these men can be dealt with according to their deserts. It is at present a matter of little moment whether a physician belong to his county society or not, but we believe the day is coming when this will not be the case, the day when the laity will judge him according to his standing with his fellows and when his membership in the society will mean something. It may not be from any merit of the society that this will be the case, rather it will be from the fact that the society will be looked on as a trades-union and its members will be considered accordingly. We trust that these comments will not be taken as a reflection on the new plan of organization, for we favor it, or on the county societies, for we have kept up a lively interest in the one to which we belong; it may be a "pipe dream" but we believe it is coming.

The following, taken from the telegraphic dispatches of the proceedings of the legislature in the *Vicksburg Herald*, is of so much interest that we cannot let it pass without comment:

"H. B. 160; by Mr. Ethridge—To prevent any person who is addicted to the use of morphine, opium or cocaine, or who is in the habit of becoming intoxicated from practicing medicine. Public health and quarantine."

In no other calling does so much depend upon cool judgment, accurate reasoning and complete control of all moral, mental and physical faculties as in the practice of medicine. The physician should shun anything that detracts from these and if he have not the self-control necessary to do so the public should be protected. Not being familiar with the wording of the bill we cannot pass judgment upon it, but we sincerely trust that it clearly defines the conditions which it seeks to remedy and that should it pass it will not be permitted to become a dead letter on our statutes.

We would suggest that all right-thinking physicians in the State endeavor to familiarize themselves with it and co-operate with those who have drawn and are working for it.

It would seem that the possibilities of the gonococcus are never to be exhausted. The latest (*Archiv. fur Kinderheilkunde*) is a report of a gonorrhoeal infection of the umbilicus, in a child ten days old, appearing when the cord became detached, the inflammation extending upwards to the axillary line and downwards three finger breadths below the navel. The case is of great interest as an example of what may be expected under such conditions.

A noteworthy event of the past month was the unveiling of the Hunter McGuire Statue in Richmond. Dr. McGuire was one of the greatest products of his calling and his services in Jackson's corps in the Confederate army brought him undying fame. It is a source of great satisfaction to the profession generally that his great worth and merit should have been so fitly memorialized.

#### NEWS ITEMS.

Dr. W. I. King of Pansy has removed to Loboutcha.

Dr. Victor C. Smith of Vicksburg, Tulane 1899, is attending the Eye, Ear, Nose and Throat Department of the New York Polyclinic.

Dr. J. J. Stevens of Hattiesburg, secretary of the Perry County Medical Society, will attend the New York Polyclinic this winter.

#### OBITUARY.

Theophilus G. Birchett M.D., Jefferson Medical College, Philadelphia, was born June 27th. 1835, at Orange Court House, Va., and died at Vicksburg, Miss., Jan. 1st. 1904.

Dr. Birchett was chief surgeon on Hardee's staff in the army of Tennessee and at the time of his death was surgeon, with rank of major, in the National Guard of the State, being especially identified with the Warren Light Artillery of Vicksburg—this being the continuation of the famous "Swett's Battery," in which he first served.

Aside from the love and esteem in which he was held on account of his professional labors, Dr. Birchett had been honored by many positions of trust in the community, having been several times alderman and twice mayor of Vicksburg.

## BOOK REVIEWS.

**The Blues (Splanchnic Neurasthenia), Causes and Cure**, by Albert Abrams A.M., M.D., F.R.M.S., Consulting physician to Denver National Hospital for Consumptives, etc. E. B. Treat & Co., 241-243 W. 23d. street, New York.

Having discussed "The Blues and its allied condition neurasthenia," the author takes up the general and special irritants and symptoms of neurasthenia and devotes a chapter to its general treatment. Splanchnic Neurasthenia is then developed more fully, the theme being that "the blues" is an attack of acute, or an aggravation of chronic, neurasthenia and that this is a question of abdominal plethora, which may be dependent on a variety of causes that are themselves dependent in a great measure on diminished nerve tone, the conclusion being that "splanchnic neurasthenia is one of the few forms of neurasthenia amenable to permanent cure."

The book is well illustrated with special plates and cuts which aid very materially in fixing the attention and making clearer the various points in the discussion of this new and heretofore undescribed variety of nerve exhaustion.

**The Self Cure of Consumption Without Medicine, with a Chapter on the Prevention of Consumption and Other Diseases**, by Chas. H. S. Davis M.D., Ph.D., Physician to the Curtis Home For Old Ladies and Children, etc. E. B. Treat & Co., 241-243 W. 23d. street, New York.

Although containing nothing startlingly new, this little book is a well written description of the causation, symptoms, diagnosis and treatment of consumption and its key note is "rational living." It preaches the laws of exercise and proper feeding in a manner eminently sensible and in a language at once terse and vigorous.

**The Practical Medicine Series of Year Books**, Comprising Ten Volumes. on The Year's Progress in Medicine and Surgery, issued monthly under the general editorial charge of G. P. Head M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical Schools Volume III: Eye, edited by Casey A. Wood M.D.; Ear, edited by Albert H. Andrews M.D.; Nose and Throat, edited by Gustavus P. Head M.D.  
The Year Book Publishers, 40 Dearborn street, Chicago. Price of Series, \$7.50. Price Vol. III, \$1.50.

This is a book of 320 pages with something of interest on every page and will be a valuable addition to the library of any physician. Deserving special mention in the eye department is the chapter on the treatment of Trachoma and the chapter on ocular therapeutics.

The suppurative inflammations of the middle ear and their complications take up the greater part of the ear department and form some very interesting and instructive reading.

The last part of the book is devoted to the nose and throat and among others the chapters on various forms of rhinitis and hay fever will prove interesting reading.

M. H. BELL M.D.

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## MISCELLANY.

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Mitchell, S. D.

B. A. BOBB M.D.

### Cough and Restlessness in Pneumonia.

Dr. W. J. Parker, truthfully states in the January *Medical World*, that "The season for pneumonia is here" and it may be of interest to their readers to know that he has found an excellent remedy for the cough and restlessness which are such distressing symptoms of this dreadful malady in antikamnia and one-twelfth grain heroine hydrochloride and the dosage is one tablet every two or three hours according to the exigencies of the case, or at the discretion of the attending physician. We may also add that Professor Uriel S. Boone of The College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving the accompanying spasmodic coughs and muscular pain.

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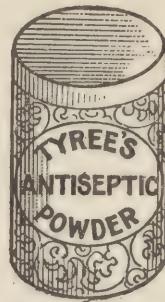
Dr. Colin Campbell, Southport, Eng., M. C. R. S., writes in the *Medical Press and Circular*, London, Eng., Oct. 7, 1903:

Pleurisy.—Dr. B. was under my care last winter suffering from a pulmonary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on Dec. 7th, 1902, accompanied by severe pain over the cavity, and a temperature of 103°. His previous attacks had occurred at his home, where careful poulticing was prac-

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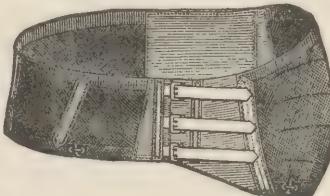
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..... M

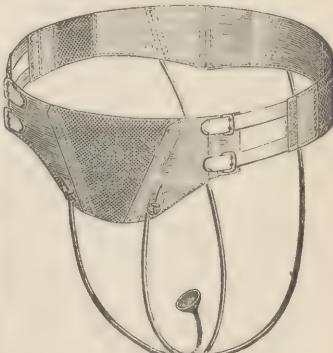
..... L

..... K

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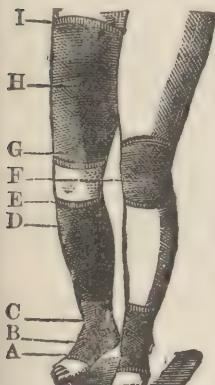
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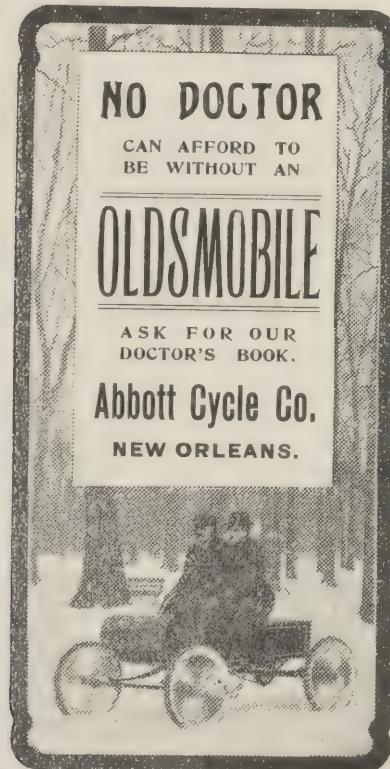
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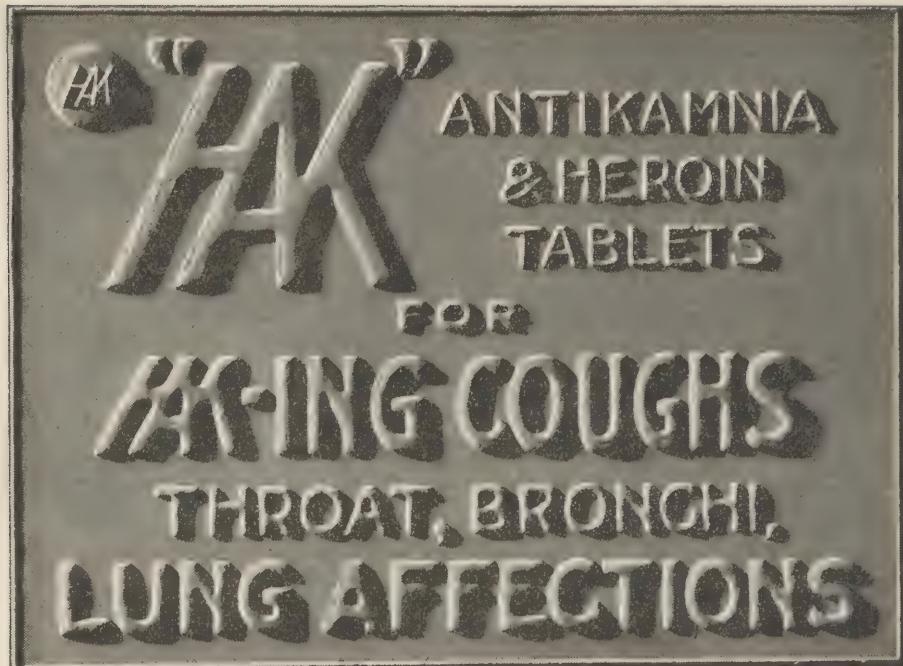
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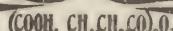
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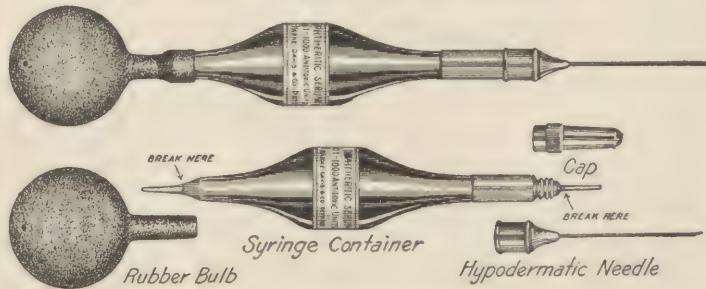
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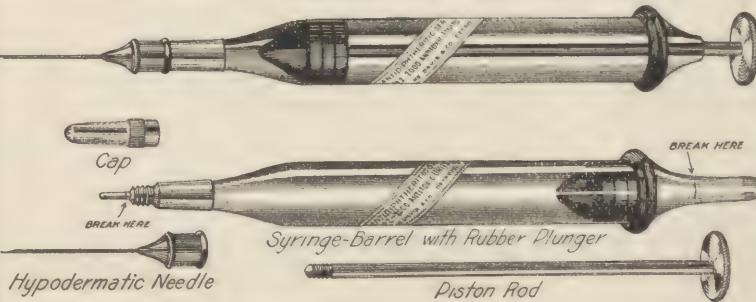
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# *Mississippi Medical Record.*

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MARCH 1904.

[NO. 3.

## ORIGINAL CONTRIBUTIONS.

### \* SOME EYE COMPLICATIONS SEEN IN GENERAL DISEASES.

M. H. BELL M.D.,

VICKSBURG, MISS.

It is no uncommon thing to find many of the general diseases causing some affection of the eye and frequently the eye trouble is overlooked entirely, especially when it is the interior of the ball which is affected.

Also, we occasionally have our attention first called to some general disease by ocular manifestations of the same:—*e. g.* failing vision due to albuminuric retinitis has frequently been the first symptom leading to an examination of the urine and consequent diagnosis of nephritis, cataract or intractable iritis to a diagnosis of diabetes, choked disk to one of increased intracranial pressure from a tumor, etc. The ocular manifestations are frequently of great service both in the diagnosis and prognosis of many diseases and for these reasons, if for no other, the general practitioner will find it advantageous to have a working knowledge of the ophthalmoscope and at least a comprehensive knowledge of the normal and diseased fundus. Especially will this be found of advantage to syphilologists, since in this disease, whether hereditary or acquired, eye complications are frequent.

In hereditary syphilis one of the most frequent manifestations is interstitial keratitis, and when this condition is found in children it furnishes ground for at least a presumptive diagnosis. The same cause also produces, in the young, choroiditis, iritis and retinitis. The acquired form is the cause of many severe ocular inflammations. In rare instances the primary sore is found on the lid or conjunctiva, where it will pursue the same course as elsewhere. In the second-

\* Read before the Warren County Medical Society.

ary stage we frequently find an iritis which under proper treatment yields readily and leaves no permanent disability. Later is seen choroiditis, retinitis and optic neuritis followed by atrophy and due to some intracranial lesion. All of these conditions leave the eye more or less disabled and in none of them does treatment have the same happy result that is seen in iritis. However, by intelligent treatment we can limit the ravages of the disease and in some cases leave the eye practically as good as ever for visual purposes. In choroiditis or retinitis this depends entirely on the location of the inflammation. Another frequent symptom of late occurrence is oculo-motor paralysis due to pressure of a gumma or an exudate on the nerves supplying the muscles of the eye. The prognosis of syphilitic paralysis is usually favorable when we have complete control of the case and can push antisyphilitic medication. Interstitial keratitis has been observed as due to the acquired form, but is rare. Mention might be made of the fact that in the eye diseases due to hereditary syphilis, antisyphilitic treatment rarely ever gives us the brilliant results seen from the same treatment of the acquired form. This, however, should not deter us from carrying out vigorous treatment in the hereditary type of the disease.

The most frequent eye lesion seen as a result of gonorrhoea is conjunctivitis, which, as you all know, is a very serious condition. When untreated or improperly treated it usually leads to corneal ulceration, with perforation, infection of the contents of the eyeball and loss of the eye. The disease is more severe in the adult than in the infant. If seen early enough, the prognosis is favorable. Other eye conditions due to gonorrhoea are iritis, coming on after development of gonorrhoeal rheumatism, and purulent irido-choroiditis. These affections develop after the disease has been disseminated over the body and go to prove that gonorrhoea becomes a general disease.

Before the days of vaccination, smallpox was one of the most prolific sources of blindness. The eye lesions usually seen were ulceration of the cornea and conjunctiva.

Diphtheria occasionally attacks the conjunctiva, causing a very severe form of inflammation which is frequently complicated by corneal ulceration and loss of the eye. Coming on at a later date, we see various paralyses of the intra- or

extra-ocular muscles, paralysis of accommodation being the most frequent.

Measles frequently has for its first symptom a catarrhal conjunctivitis and, as a later stage in the disease, a phlyctenular conjunctivitis and keratitis.

As a result of scarlet fever we occasionally see a very destructive form of ulceration of the cornea and, rarely, cases of inflammation of the cellular tissues of the orbit. The most important eye lesion found in this disease, however, is albuminuric retinitis brought on by the kidney lesions which result from a good number of cases of scarlatina. Nettleship mentions cases of blindness occasionally seen in scarlatina in which no demonstrable changes can be found in the eye and which recover entirely in a few days. These are supposed to be due to uremia.

Since the advent of influenza, various eye lesions have been reported as due to it, but considering the very great prevalence of the disease and the rarity of ocular complications, we need lay no great stress upon them. Among them may be mentioned optic neuritis followed by atrophy, orbital cellulitis and paresis of accommodation. This last is seen very frequently after an exhausting disease and as a result of it we see presbyopes having to get stronger glasses for reading and younger people having to wear glasses for errors of refraction which had never caused any symptoms before the illness. This is an every-day experience with the oculist; patients dating all symptoms of eyestrain or discomfort to some previous illness. I might add in passing that in my experience the eye symptoms usually remain; *i. e.*, they rarely ever pass away, even when the patient has otherwise recovered entirely.

Eye lesions due to malarial infection are optic neuritis followed by atrophy and marginal ulcers of the cornea. Hemorrhage from the retina due to malaria has been observed. The optic neuritis due to malarial infection must not be confounded with the retrobulbar neuritis due to toxic doses of quinine.

Cerebro spinal meningitis is frequently accompanied by severe diseases of the visual apparatus: as optic neuritis, thrombosis of the retinal veins and acute purulent choroiditis.

Pyemia and septicemia are sometimes complicated by retinal hemorrhage, thrombosis of the retinal veins and formation of metastatic abscess in the eye.

Typhoid fever is occasionally followed by retrobulbar neuritis, retinal hemorrhage or paralysis of accommodation. In very severe cases we see dessication of the lower half of the cornea with subsequent infection, sloughing and loss of the eye.

A large number of cases of nephritis show eye lesions, various writers giving varying statistics. Probably fifty per cent. of the cases show some eye lesion at some time during the course of the disease and about ten per cent. have albuminuric retinitis. The changes observed in this eye lesion are characteristic and, as previously mentioned, are, in a number of cases, the first symptom leading to a diagnosis of the disease. This form of rhinitis is most frequently observed in chronic interstitial nephritis and in the nephritis of pregnancy. When due to the latter, the physician will have to decide on the propriety of terminating the pregnancy, especially when it occurs in the early months of gestation. When occurring in the chronic interstitial form it is a grave prognostic symptom: seventy-five per cent. of the patients dying within the first year and ninety per cent. in the second year after the advent of the retinitis.

Diabetes is another disease causing eye lesions in quite a number of cases: among the most frequent are cataract, retinitis, paresis of accommodation, iritis, changes in refraction and optic neuritis. The last leads to diabetic amblyopia, which is a symptom of grave significance. We also see cases of chronic plastic iridocyclitis and keratitis, the latter leading to loss of the eye because of defective nutrition.

Second to syphilis as a cause of iritis we have rheumatism, and we occasionally observe cases of so-called "quiet iritis" due to this disease. This is a form of iritis in which we may have no symptoms calling for an examination of the eye until the whole circumference of the pupillary border of the iris is bound firmly to the anterior capsule of the lens. Other eye lesions found in rheumatism are chronic catarrhal conjunctivitis with deposits of minute spots of calcareous matter in the conjunctiva, scleritis, episcleritis, keratitis and ocular palsies.

Depending on the scrofulous diathesis we have superficial diseases of the eye which are chronic and are not usually dangerous. Among others I might mention marginal blepharitis and phlyctenular conjunctivitis and keratitis. The phlyctenular inflammations are marked by extreme irritation and sometimes do considerable harm to vision through corneal scars.

It is a fact that these diseases of the eye which are caused by some general disease are frequently overlooked entirely, or are so overshadowed by the symptoms of the causative disease that they are neglected until irreparable damage is done. My object in presenting this paper to you is to refresh your memory on this subject and to remind you of some of the more frequent eye complications which you may expect to see in general practice.

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\* **THREE CASES OF SCARLATINA.**

S. W. JOHNSTON M.D.,

VICKSBURG, MISS.

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*Mr. President and Gentlemen :*

My paper to-night will consist of a report of three cases of scarlatina which occurred in my practice during the winter of 1902-3, at Clinton, Miss.

The first, a little girl ten years old, had chilly sensations followed by fever Saturday night, December 30th. 1902. On Sunday morning I was called to see her and found her with a temperature of 102° F. and pulse 120. I put her on quinine, two grains every three hours, preceded by a mercurial purgative. At this time I did not suspect scarlatina as there had not been a case in town in five or six years nor had there ever been a case in this house or family.

Sunday I noticed a rash on the body and had the patient isolated; her little brother, four years old, had been sleeping with her and was in the bed playing with her at the time. I had him removed to a relative's house and put him on sodium sulphite. I discontinued the quinine and put the patient on strychnine sulphate, tincture of ferric chloride and

\* Read before the Warren County Medical Society.

dilute hydrochloric acid, to be given every three or four hours. Temperature at this time was 103° F., pulse 140. As the throat symptoms were now becoming pronounced, I gave a gargle of saturated solution of boric acid and a spray consisting of equal parts of pasteurine and peroxide of hydrogen, these to be used alternately every two hours. For the next six days the temperature ranged from 104° F. to 106° F., with a pulse of 140 to 160, and until the fifteenth day the patient's condition was extremely serious, so that she had to be highly stimulated and nourished. I spent three or four nights at her bedside and she finally made a slow recovery with two parotid abscesses and a suppurative otitis media as complications. Desquamation was complete at the end of the eighth week.

Case II. Mrs. J. was confined on the night of February 9th. and had no complications until the night of the 12th., when she had a severe chill followed by rapid rise of temperature. On the morning of the 13th. I saw her—found her with a temperature of 104° F., pulse 120. I was very apprehensive that the case was one of puerperal fever and at once called in consultation Dr. Haralson of this city. He agreed with me as to the probability that it was puerperal septicemia and so we treated her symptomatically and expectantly. We gave quinine, cold baths, strychnine, digitalis and hot vaginal and uterine antiseptic douches every four to eight hours. Her condition grew rapidly worse and on the morning of the 15th. I noticed a slight eruption on her body. This made me almost certain that the case was septic as all my works on this subject stated that in puerperal fever this rash often precedes death. I telephoned Dr. Haralson and he sent me out that afternoon thirty cubic centimeters of antistreptococcal serum. At this time the temperature was 106° F., pulse 160 and the patient delirious and unable to swallow food or medicine, so that we had to give nourishment by enema and medicine hypodermatically. At 3:30 P. M. I injected ten c.c. of the serum in the tissues of the thigh. At 4:30 I repeated the dose and gave the last ten at 8 o'clock, making thirty cubic centimeters in all. Dr. Haralson came out that night on the ten o'clock train and, as the eruption was more fully developed and the other symptoms pronounced, we diagnosed the case scarlet fever. I said to Dr. Haralson that I did not

suppose the serum would do much harm as the patient could not live until morning, but about 12 o'clock, four hours after the last dose of the serum, a reaction occurred and by six the next morning the temperature was 99 4-5° F., pulse 100 and all other symptoms much better. Her temperature did not rise above 100° F. for the next three days and she began to desquamate at this time and completed desquamation in three weeks, some pieces of the epidermis measuring from eighteen to twenty-four inches square. Her convalescence from the scarlet fever was rapid.

I did not know when I used this serum of its application to scarlatina, but a short time afterwards a representative from a serum manufacturing house called on me and showed me a letter and a pamphlet from Dr. Charlton of Montreal, Canada, in which he related some of his experiments with this remedy in this disease.

Case III. On April 17th. I was called to see the little boy whose sister I had treated four months before. I found him with high fever and with a bad pulse. On the 18th. he developed the rash. I noticed it about 9 A. M. and at 10 I gave him ten c.c. streptolytic serum. At the time I gave this his temperature was 104 1-2° F. and from all appearances he was developing a serious case of the disease. At 3 o'clock I administered ten c.c. more. Temperature at 8 P. M. was 100° F. and next morning at six o'clock 99° F. The third day after the use of the serum he was free from fever and desquamation had begun. He made a rapid recovery with no complications.

This child had slept with his sister four months before while she had the rash on her, but there had been no symptoms pointing to this disease until the present time. The house had been thoroughly disinfected and everything in the infected room destroyed. His not contracting the fever before may have been due to the sodium sulphite which was given every four hours for ten days after his exposure, as a prophylactic. Dr. Jno. B. Elliott of New Orleans thinks it a positive prophylactic.

These three cases, two treated with and one without the antistreptococcal or streptolytic serum, although not enough to yield any definite conclusions, proved to me the benefit of its use in this disease.

I will not discuss the term of incubation, etiology or pathology of scarlatina, but desire to lay stress on one symptom: the tongue. One need but see that red, white centered, angry looking tongue to be ever after able to recognize it.

The treatment I used in conjunction with the serum was strychnine and digitalis for the heart; an elixir of buchu, juniper and acetate of potash I found excellent for the diminished secretion of urine; and for the irritation of the skin an ointment of lanolin, vaseline, menthol and olive oil, an ounce each of the former and a drachm each of the latter, preceded by a sponge bath, was used twice daily.

In conclusion, I found as a result of the use of the anti-streptococcic or streptolytic serum, a prompt reduction of temperature, improvement in the heart's action, a cessation of throat involvement, an absence of complications, an early convalescence and a quick and early desquamation.

#### COUGHS AND COLDS.

WILLIAM F. WAUGH A.M., M.D.,

CHICAGO, ILL.

PROFESSOR OF PRACTICE, ETC., ILLINOIS MEDICAL COLLEGE.

It would be well if the term "expectorant" could be dropped from medical nomenclature. No term is more abused and more meaningless. What is an expectorant, anyhow? A medicament that favors expectoration? Then it is not applicable to such agents as soothe hyperesthesia of the respiratory tract—and this would exclude the principal members of the group, such as ipecacuanha and tolu.

In the early days of my medical practice I had to treat a bad case of capillary bronchitis in a little child. I had "tried" various expectorants until the prescription had grown to a monstrosity, containing sweet spirits of niter, paregoric, ipecacuanha, squill, senega, ammonium chloride, tolu, sanguinaria, bromide and a few others that I do not now recall. But all seemingly to no purpose. I called in an older man in consultation. He surveyed the collection with approving eye—and added antimony. And yet the child recovered. I learned

in those days to have a wholesome respect for the *vis medicatrix naturae*—for the kindly Providence that watches over the patients of the young doctor.

The failure of my therapeutics drove me to my books, and from old Niemeyer—the source of many of my original ideas—I learned to separate the remedies classed as expectorants into their respective groups. This knowledge has been tested by twenty-five years clinical application, and the results are herewith given.

In the early stages of acute catarrhal affections of the respiratory mucosa there is too much cough for the removal of the scanty secretion. The indications are to moderate the hyperemia, soothe the irritation and hasten the progress of the malady by stimulating secretion. For the first purpose any of the vascular sedatives will do good, such as aconitine, veratrine or gelsemine. Codeine, cannabis indica or zinc cyanide fulfill the second indication, while emetine not only increases the secretion but to some extent fills both the preceding indications. Emetine should be given in doses of gr. 1-67 every half hour till the nausea begins and then less frequently. If the patient is full-blooded and the elimination defective, lobelin may be substituted, in doses of gr. 1-67 to 1-12 every half hour, always in solution, as this substance is peculiarly difficult of solution in the intestinal fluids.

One of the most generally applicable combinations where an opiate is requisite is the modified Dover's powder proposed by the writer. This contains emetine, codeine and camphor monobromide. This admirably fulfills the indication for a remedy in irritative cough and is probably the least objectionable form of opiate that can be given. But in all chronic forms of cough, while there is no doubt but that opium gives relief, that relief is dearly purchased in the perpetuation of the disease process thus prevented from following the path of its natural development, and in the certain formation of the drug habit.

For infants and weakly children another of the writer's attempts answers well—the popular "Infants" Anodyne. This contains codeine, ipecac, nickel bromide, lithium carbonate and oil of anise. It fairly represents whatever virtues are to be found in paregoric and the numberless opiate nos-

trums of uncertain composition, but too certain evil-production, that flood the market.

Observe that codeine is utilized for the anodyne effects of opium. In spite of Murrell's assertion that codeine is merely a little morphine, I am sure it excels the more powerful opium alkaloid in its sedation of coughs, and is less apt to constipate and otherwise to interfere with digestion and elimination. But it is a habit producer nevertheless.

Though both these formulas contain an opiate I am not by any means an advocate of this potent and dangerous remedy, believing that the majority of these cases will do as well without it. If the patient is confined in the one room and it is kept as nearly as possible to one temperature, between 70 and 75, the air moistened by water evaporation, and steam is inhaled frequently, conversation forbidden, and the patient enjoined to restrain the useless but racking cough, there will be little need of opiates.

In the later stages of acute colds there is need of something to accelerate the healing process and restore the mucosa to a normal state. Small doses of benzoic acid accomplish this object, gr. 1-6 every half to one hour; as do eucalyptus and the other volatile oils and the balsams. A Philadelphia druggist established a large trade in a cough remedy which earned the reputation of "curing coughs after all other remedies failed." The active ingredient was copaiba; and its success was due to the fact that it was only given when others failed, that is, in the declining stages, and had it been administered sooner it would have increased the distress. In chronic respiratory catarrhs the function of these agents is to restrain redundant secretion. Sometimes the patient pours out vast quantities of sputa, thin and serous, or mucopurulent, and then copaiba, tolu, balsam of Peru, benzoic acid, and calcium lactophosphate, singly or variously combined, restrain the secretion and promote healthy action.

Closely allied to the foregoing are the volatile oils, and these may accomplish the same purpose. But their more important function is to correct fetor of the sputa, indicating decomposition of retained secretions, or gangrene or abscess. Turpentine has long been used in such cases, but it seems likely that the more powerful antiseptics of this group will prove preferable, such as oil of cinnamon, cassia, thymol and

menthol. It is best to give small doses, and repeat frequently so as to keep up a continual effect. As these agents are often irritating to the stomach a further advantage is obtained by the use of the small doses. Eliminated through the respiratory mucosa they effect the diseased tissues directly, more surely than when applied by an atomizer.

Iodoform ranks with the last group and also with the first; for as it is eliminated through the lungs it is an anti-septic and also an anodyne. Given in doses of gr. 1-6 to 1 every two hours till saturation, it possibly destroys some bacilli and certainly relieves the irritation.

When dyspnea is excessive, showing an irritation of the respiratory terminations of the pneumogastric, the sedatives of this great nerve are indicated. Atropine is well suited to such cases when there is also any other indication for it, as so often happens in phthisis. Camphor monobromide, nickel bromide, zinc cyanide and valerianate, are among our most effective weapons here.

A very important group whose function seems little comprehended is that of the true expectorants, agents which stimulate the respiratory apparatus and in a word, make the patient cough harder. Among these are sanguinarine, scillitin, senega, serpentaria and ammonia. During infancy and again in old age, and frequently in the course of chronic bronchitis, pneumonia and phthisis, the respiratory mucosa loses its sensitiveness and secretions collect in the tract of whose presence the patient may be unaware. If the bronchioles become included in large numbers cyanosis occurs, and to this many an unexpected death is due. The agents named increase the sensitiveness, and the patient coughs up the secretion in which he may be literally drowning. The indication is clean cut and unmistakable, the cases are by no means rare; but these agents confounded under the undistinguishing title of expectorants are usually worse than wasted by being mixed heterogeneously with members of the other groups. For some years I have confined myself almost entirely to the use of sanguinarine of this group, and believe the others are superfluous. Many times in the course of chronic maladies of the respiratory tract the indication arises for something to incite the vitality of the affected tissues, which seem unable to take on the curative processes and

throw off the disease. Then sanguinarine comes in aptly, provided it is dosed judiciously and over-stimulation avoided. For it may be taken as axiomatic that the tendency of all diseases is toward a cure if only the tissues are able to successfully oppose the attacks of disease-producers and set up curative action.

Apomorphine should be classed with emetine. The former acts more quickly and strongly. If given hypodermically a dose of gr. 1-67 is sufficient and more than this will nauseate unduly. But if given by the stomach it may be given in doses of gr. 1-4 without nausea, but with a tremendous stimulation of the secretion from the whole respiratory mucosa. It is a remedy therefore for the dry catarrhs, either acute or chronic.

There has been some misapprehension as to the place of cubebin. It has so long been associated with copaiba in therapeutics that the general impression assigns a similar effect to both. Cubeb really promotes secretion and hence ranks with ipecac. It is however better suited to chronic dry catarrhs than to the acute. The dose gr. 1-6 to j every half hour, to adults.

Aspidospermine is a remedy for dyspnea and nothing else.

I will close with a few words on calcium sulphide. The remarkable properties of this salt in preventing and drying up suppurations have scarcely begun to be appreciated. It acts similarly as to mucous secretions and is efficient in bronchorhoeas. But it also acts well in the beginning of acute attacks and with many individuals will abort the attack and when it has once done so it will succeed again with that person. The dose is gr. 1-6 to ij every half hour till saturation—till the breath and perspiration smell of the drug. Too large doses cause nausea. It seems to be harmless in any dose—at least up to 40 grains a day of a good article.

But is it always good to break up an attack? Every practitioner of experience has noted how generally some persons suffer from acute catarrhs after undue indulgence in the pleasure of the table. The post-Thanksgiving and Christmas colds are proverbial. Relieve one of the consequences of his folly too easily and he will continue to be foolish. But these attacks can therefore be prevented or aborted by a full dose of a rapidly acting cathartic.

## C O U N T Y   S O C I E T I E S .

MARSHALL COUNTY MEDICAL SOCIETY held its regular monthly meeting Feb. 1st. After transaction of regular business, the Committee on Fees made its report, recommending a minimum scale of fees and allowing the individual physician to use his discretion as to the maximum. This was unanimously adopted and a list will be printed and hung in the office of every member of the society.

PEARL RIVER-MARION COUNTY MEDICAL SOCIETY held its February meeting at Lumberton. The scientific feature of the program was a report of a case of hydrocephalus by Dr. R. W. Thompson. Dr. C. C. Bass tendered his resignation as secretary of the society, Dr. O. A. Johnston of Picayune being elected to fill the vacancy. Dr. Bass has served the society faithfully and made a valued officer and member. He will spend some time in post-graduate work before seeking a new location.

WARREN COUNTY MEDICAL SOCIETY held its regular monthly meeting Feb. 9th. Dr. S. W. Johnston was the essayist of the evening, his subject being "Three Cases of Scarlet Fever."\* The next meeting will be held March 8th., at which Drs. Jos. Waldauer and C. L. Mengis will be the essayists.

## A N N O U N C E M E N T S .

FOREST, Miss., Feb. 18th. 1904.

*Dr. E. F. Howard, Vicksburg, Miss.:*

DEAR DOCTOR—Please call the attention of secretaries of county medical societies to the necessity of sending in their reports at once, enclosing \$2.00 per member, (dues for 1904) that I may get up the register in time for the meeting in April.

Very truly yours,

J. J. HARALSON, Sec'y.

JACKSON, Miss., Feb. 16th. 1904.

*To the Members of the County and Mississippi State Medical Associations:*

The time for the meeting of the Mississippi State Medical Association is drawing near. There is no more important section of medicine to be considered in our meetings than that of Obstetrics and, as chairman of that section, I would

\* Which appears in this issue.

earnestly request all members of the association who can to contribute out of their practical experience a short paper so that this section may have the prominence it deserves in our discussions. I will be pleased to have the title of all papers on or before the first of April so I can send them to the chairman of the Arrangement Committee.

Respectfully,

B. L. CULLEY.

The Section on Venereal Diseases having been much neglected for the past two years, it is earnestly requested that any member of the association who can contribute a paper to it at the coming meeting will do so.

E. F. HOWARD,  
Section Chairman.

## CURRENT LITERATURE.

### Some of the Physical Properties and Medical Uses of Radium Salts.

Williams (*Medical News*, Feby. 6th.) gives five notable properties of radium as follows: It maintains a temperature above its surroundings under thermal insulation; a temperature of 1.5 C. has been observed. It is luminescent. It is a spontaneous source of electricity. It gives out three kinds of rays, named by Rutherford, alpha, beta and gamma. It produces in surrounding objects what Mme. Curie has called "induced radioactivity," what Rutherford has called "excited radioactivity" and Soddy now terms "imparted radioactivity." With our present knowledge of the subject, the last name seems most appropriate.

The alpha rays are the most plentiful. They are easily absorbed and are slightly deflected by a strong magnetic field. The beta rays are less easily absorbed and are more strongly deflected by a magnetic field. The gamma rays are the most penetrating of the three and are not deviated by the magnetic field.

The rays from radium increase the electrical conductivity of gases, excite phosphorescence and fluorescence in certain substances, act on a photographic plate and produce both harmful and beneficial effects on animal tissues.

Radium rays do not show sufficient differentiation between tissues to render them of value for diagnostic purposes. They are, however, of value as a therapeutic agent. In using them, when a strong exposure is desired the metal box containing the salts is placed on the part to be treated, if a weaker action is wished the box is placed at a greater or less

distance, according to the needs of the case, the intensity of the rays diminishing as the square of the distance. Over-exposure may cause a burn, which may not manifest itself for some days. Exposures differ for different diseases, even superficial ones.

Of forty-two cases treated, nine were skin diseases, one a keloid, five rodent ulcers, twenty-three were epidermoid carcinoma and four "breast cases."

The author concludes that there is much similarity between the action of radium rays and X-rays and that, if the results from the use of the former prove permanent, the two will supplement each other.

"Certain diseases promise to yield more readily to treatment by radium and others to X-rays.

"A disease that has attacked different parts of the body of a given patient may be better treated in certain regions by radium and in others by X-rays.

"It is quite possible that in some cases the two remedies used together on the same area and at the same sitting may accomplish better results than either alone."

#### Radium and Radiant Energy.

Inglis (*Journal of the American Medical Association*, Feby. 6th.) after a discussion of the discovery of radium, its properties and physiological effects, writes of its use in medicine.

It has been found to have bactericidal properties. A normal salt solution is one of the best media for receiving induced radioactivity. A spray of the solution impregnated with radium may be expected to leave the mucous membranes of the nose and throat covered with this radioactive matter. It may prove to have a powerful effect in the relief of cancer of the stomach. It may be used on surgical dressings.

It has been proven that radium rays inhibit the progress of diseased tissue. It offers advantages over the X-ray in the treatment of deepseated cancer.

"It may be that this new agent will prove valuable in cases of optic nerve atrophy." Mention is made of reports of cases of lupus, rodent ulcer and epithelioma in which this agent was used with benefit.

#### Peru Balsam in Treatment of Compound Fractures.

*The Journal of the American Medical Association* abstracts the following from *Presse Medicale*:

"During the last four years van Stockum of Rotterdam has treated as follows all of the compound fractures at the city hospital, of which he is the surgeon-in-chief: All for-

eign substances are removed with sterile forceps, but the wound is not washed nor disinfected, and no ligature is applied unless a large artery is bleeding. Balsam of Peru is then poured copiously into the wound, its penetration promoted by moving the limb a little. The fracture is then reduced as if it were a simple fracture, and the wound is dressed with gauze impregnated with the balsam under an impermeable covering. The limb is then immobilized in a plaster cast for three weeks, the dressing left undisturbed. The temperature always rises at first, but not seriously, and subsides to normal by the fifth or sixth day. At the end of three weeks the mortified tissues are found mummified; the edges of the wound show no trace of redness nor swelling; the bones are found consolidating, and the wound granulating normally. He seldom had occasion to apply the balsam more than once or twice in 90 cases thus treated, including 58 of the legs, 4 of the thigh, 15 of the arm, 2 of the pelvis, 1 of the patella, 2 of the calcaneum, and 8 of the lower jaw. The treatment was a complete success in all but 4 cases. In these there was some suppuration, but all recovered without a second operation except in one case, in which gas gangrene necessitated secondary amputation. In 8 cases healing was delayed by the presence of a foreign body, causing a fistula, and requiring removal. The effects of this treatment can not be due to any bactericidal effect of the balsam, but rather to its action in stimulating the living tissues. They corroborate those obtained by Landerer in tuberculosis with cinnamic acid, one of the elements of Peru balsam."

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#### Cardiac Tonics in Pneumonia.

In the second Harveian Lecture (*British Medical Journal*, November 28, 1903), D. B. Lees M.D., F.R.C.P., considers that it is generally advisable to begin the use of heart tonics about the third or fourth day of the disease and that they ought to be given, if at all, somewhat freely.

Of these drugs, strychnine is probably the most useful and should be given hypodermically.

Atropine by subcutaneous injection is also very serviceable in children, but not so useful for adults because they suffer much more than children from the dryness of throat and other unpleasant effects of belladonna. In children large doses of this drug will cause chiefly flushing of skin which is of no importance.

Oxygen by inhalation assists the aeration of blood in the lungs, and thus improves the quality of the blood supplied to the cardiac muscle. It is therefore truly a cardiac tonic. Its use should be begun as soon as cyanosis is definite, and should be continued for five minutes every hour, whether the patient

is awake or asleep. It can be given without disturbing him in the least. Oxygen is certainly a most valuable remedy, and ranks with strychnine in the treatment of pneumonia. But neither strychnine nor oxygen, nor both together, will often save life if the right auricle be not relieved. After a bleeding they are powerful remedies; without removal of blood they often fail, and almost necessarily. It is good to maintain the strength of the cardiac muscle; it is still better to diminish its labor. It is best to do both.

Digitalis will not always reduce the frequency of the pulse in pneumonia, especially when the temperature is high. It is most likely to be of service after relief of the right heart, when the fever is moderate and the pulse still remains weak and frequent.

Ammonium carbonate may be given when there is evidence of much secretion in the bronchial tubes.

Alcohol, though called a "stimulant," has not much title to be considered a cardiac tonic. It is essentially a vasomotor depressant, and as such may help the heart indirectly when the tension is high. There is also sometimes a temporary increase in the strength of the pulse after the administration of a moderate dose, probably due to increased blood supply to the cardiac muscle, through relaxation of coronary arterioles. It is therefore possible that repeated small doses may be of service in pneumonia, but the large doses sometimes advised are likely to do more harm than good. To imagine that brandy can "support" the heart when the right side is becoming paralyzed from overdistension is absurd. In such a case the only satisfactory cardiac tonic is a venesection.—*Review of Reviews.*

#### A Case of Poisoning by Hyoscin Hydrobromid.

F. Krauss, Philadelphia, relates the case of a patient, aged fifteen years, into each of whose conjunctival sacs 1-120 gr. of this drug was instilled. This was followed by the symptoms of hyoscin poisoning, which fortunately passed off without treatment, with return of the accommodation to normal in three days.—*N. Y. Medical Journal.*

#### Citarin.

Chemically, citarin is anhydromethyl encitrate of sodium. Its action depends upon the liberation of formaldehyde which is set free in the blood and combines with uric acid, forming a combination which, according to the experiments of His and Paul, is very soluble and easily eliminated. The other component of citarin aids in its action by reason of the fact that salts of organic acids are absorbed as carbonates in the system and thereby increase the alkalinity of the blood and its capacity for holding uric acid in solution.—*New Orleans Med. and Surg. Journal.*

## THERAPEUTICS.

## Antitoxin Treatment of Tetanus.

“Dr. Douglas C. Moriarta reports the following case, with recovery on the twenty-ninth day. The disease made its appearance twenty-five days after the patient—a young male, 14 years old—had received a severe lacerated machine wound of the knee and lower leg. The antitoxin was begun with 10 c.c. doses hypodermically, and increased with the third dose to 50 c.c., which amount was then given every eight hours until a total of 800 c.c. had been administered. On the seventh day of the antitoxin the pulse, temperature and respiration became normal, the patient was free from pain, and there had been no convulsion for thirty-six hours. Considerable muscular rigidity and stiffness of the jaws persisted for some days.—*N. Y. State Journal of Medicine*.

## For Disinfection of Stools.

|   |                          |   |   |   |   |        |
|---|--------------------------|---|---|---|---|--------|
| R | Zinc sulphate            | - | - | - | - | 5ijij  |
|   | Sulphuric acid           | - | - | - | - | mlxxv  |
|   | Essential oil of mirbane | - | - | - | - | m 1-3  |
|   | Indigo blue              | - | - | - | - | gr.1-6 |

M. A teaspoonful should be put into the commode. The blue is merely a distinctive mark to prevent errors. This mixture effectually kills the unpleasant odor of stools and urine.—*N. Y. Medical Journal*.

## In Convalescence From Malaria.

|   |                          |   |   |   |           |       |
|---|--------------------------|---|---|---|-----------|-------|
| R | Acid arsenosi,           |   |   |   |           |       |
|   | Strychnin. sulphatis     | - | - | - | aa. gr. j |       |
|   | Chinoidin. purificati    | - | - | - | -         | 5ijss |
|   | Ferri sulphat. exsiccati | - | - | - | -         | 5ss   |

M. et div. in pil. no. xxx. Sig.: One to be taken three times a day after meals.—*Therapeutic Gazette*.

## For Gonorrhœa.

In the early inflammatory stage:

|   |                       |   |   |   |    |     |
|---|-----------------------|---|---|---|----|-----|
| R | Salol,                |   |   |   |    |     |
|   | Sodii Bromidi,        |   |   |   |    |     |
|   | Potassii Bicarbonatis | - | - | - | aa | 5ss |

M. Ft. chart. no. xxiv. Sig. One every two hours. At the same time a five per cent. solution of argyrol should be used, as an injection, three or four times daily, the solution being retained in the urethra for ten minutes.

—*Journal A. M. A.*

## *EDITORIAL.*

**E. F. HOWARD B.S., M.D.**  
Editor

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Elsewhere in this issue will be found an announcement from the secretary of the State Medical Association regarding the reports of county societies. It is a text from which quite a lengthy discourse might be preached, but we have harped upon this string so often that we fear that anything further would be only a repetition. Still we cannot refrain from again reminding our readers that by the time this meets their eyes the meeting will be less than two months distant and that delay in such matters means that our secretary will be seriously handicapped, and that his time immediately preceding the meeting will be uncomfortably crowded.

This is our first year under the new regime and unless each member does his full duty he will have no right to criticise if everything does not run as smoothly as of yore. Changes are necessarily attended by criticism and a certain amount of friction, and it is to be sincerely hoped that in this, where so much of good is expected to accrue to the Association, all its members will unite and pull together in an endeavor to obviate the possibility of the former and reduce the latter to a minimum.

It is hoped that those counties not yet organized will seek the earliest opportunity to do so, for while the physicians from the unorganized localities will retain their membership and have the full privileges of the meeting, and will

derive from it the same benefit as formerly, they will find that they have seriously militated against the success of the work by their delay. The fundamental unit of the present method is the county society; its representatives are to constitute the House of Delegates in which all business is to be transacted. Without these societies there can be no delegates and the whole plan of having the business transacted by a chosen few, so that the members can have more time to devote to the scientific features of the meeting, falls to the ground.

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#### NEWS ITEMS.

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“Jackson, Feb. 5.—Gov. Vardaman this afternoon appointed the members of the State Board of Health. The members of the board of health from the congressional districts are appointed by the governor at his own discretion and those from the state at large upon the recommendation of the Mississippi Medical Association, as the law requires.

The following are those selected: first district, Dr. Walton S. Green, Aberdeen; second district, Dr. W. H. Harrison, Tutwiler; third district, Dr. J. D. Smythe, Greenville; fourth district, Dr. B. F. Ward, Winona; fifth district, Dr. G. H. McNeil, Newton; sixth district, Dr. J. D. Donald, Hattiesburg; seventh district, Dr. E. P. Jones, Hermanville; eighth district, Dr. J. H. Rhodes, Jackson.

State at Large: Dr. J. A. Crisler, Yazoo City; Dr. Wm. Paine, Aberdeen; Dr. J. R. Tackett, Meridian; Dr. P. W. Rowland, Oxford; Dr. J. F. Hunter, Jackson.”—*Vicksburg Herald*.

At the first meeting of the Board Dr. B. F. Ward was elected president and Dr. Jno. F. Hunter secretary.

Dr. B. S. Waller will succeed Dr. Bass at Columbia.

Dr. J. J. Stevens of Hattiesburg is registered at the New Orleans Polyclinic. Other Mississippi physicians attending lectures there this winter are Drs. Stephen Harman, Smithville; A. V. Hunter, Crystal Springs; C. H. Ramsey, Laurel and W. M. Gipson, Braxton.

## BOOK REVIEWS.

**Fischer—Infant-Feeding in Its Relation to Health and Disease.** A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third Edition, thoroughly revised and largely re-written. Containing 54 Illustrations, with 24 Charts and Tables, mostly original. 357 pages,  $5\frac{3}{4}$  x  $8\frac{3}{4}$  inches. Neatly bound in Extra Cloth. Price \$1.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

There is no branch of medicine more important to the general practitioner than pediatrics and of this by far the most essential is a knowledge of infant feeding. Any work, therefore, that will be of help in this direction must be of interest. The present, third, edition of Dr. Fischer's book is a distinct addition to the literature of the subject, giving in lucid style all the essentials for practical work. The chapters on preparation of milk and milk substitutes, while containing all the essential features, are not so crammed with lengthy formulae and complicated methods as are most works of this class, which as a rule give so much detail as to defeat their own ends in that they are promptly forgotten. The chapter on "Milk Idiosyncracies in Children," giving several illustrative case-histories, is full of suggestions for those cases in which "nothing seems to agree" and it is a positive relief to find a work that is not so ultra-scientific as to be above the discussion of Colic and Constipation. Two new chapters entitled "Buttermilk Feeding" and "Scurvy" will be found quite readable.

**International Clinics**, a Quarterly of illustrated clinical lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by A. O. J. Kelly A.M., M.D., Philadelphia. Vol. IV., Series 13. J. B. Lippincott Co., Philadelphia. Price \$2.00.

At this season of the year we necessarily find of greatest interest the articles on Croupous Pneumonia and Chronic Bronchitis which appear under the section on treatment. Of interest, too, is a subject not often discussed and upon which too little stress is laid these days of advanced methods in

diagnosis: The Importance of Physiognomical Diagnosis. Under the heading Surgery we find among other interesting articles a report of a surgical clinic by Dr. Senn and, once again, A Radical Cure Of Prostatic Hypertrophy, a thing as common now among surgeons as was formerly the invention of a new pessary with gynecologists. Some well-written articles on gynecology, neurology, orthopedics and ophthalmology follow and the book concludes with an unusually interesting paper on The Present State Of Our Knowledge Of Immunity. As a whole this volume will stand comparison with its predecessors of the series, which is undoubtedly the best yet published. The whole plan of the Clinics is unique and while many criticisms have been passed upon it, the continued popularity which it enjoys is ample proof that it fills a well-earned place in our literature.

**The Practical Medicine Series of Year Books**, comprising ten volumes on the year's progress in medicine and surgery, under the general charge of G. P. Head M.D. Vol. II—**General Surgery**, edited by Jno. B. Murphy M.D., Professor of Surgery, Northwestern University Medical School. The Year Book Publishers, 40 Dearborn St., Chicago. Price of Series \$5.50, payable in advance; price Vol. II \$1.50.

This series of year books has now become a regular and welcome visitor to the general practitioner, enabling him as it does to arrive at the best and most recent opinions on any given subject with the expenditure of the least amount of time and money. Being divided into ten volumes, it is convenient in the library and easily handled. The present volume, of five hundred and thirty-four pages, contains rather more matter than its immediate predecessor on the same subject and the name of its editor serves as sufficient introduction. Being composed of abstracts of articles which have appeared in the year prior to its introduction, it does not lend itself to a critical review but to the doctor who reads it, not in a spirit of criticism but with a desire for information, it will be found eminently satisfactory.

**Complete Medical Pocket-Formulary**, collated by J. C. Wilson A.M., M.D., Physician to the German Hospital, Philadelphia. J. B. Lippincott Co., Philadelphia. Price \$1.75, Thumb Indexed \$2.00.

This little handbook contains some twenty-five hundred prescriptions collected from the practice of experienced physicians and surgeons, arranged for ready reference under an alphabetical list of diseases; also a list of new drugs, with their dosage, solubilities and therapeutic applications; together with various tables of formulæ, a list of incompatibles, one of metric equivalents, an account of external antipyretics, disinfectants, medical thermometry, the urinary tests and much other useful information.

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## MISCELLANY.

### Board of Health.

The State Board of Health at its recent meeting passed the following important resolutions:

By Dr. Harrison:

*Resolved*, That it is the sense of this board that the legislature appropriate sufficient funds for the building and maintaining of a general hospital and in connection a training department for nurses and that a competent pathologist be employed at said institution. Adopted.

By Dr. Smythe:

*Resolved*, By the Mississippi State Board of Health, that the legislature now in session be urged to pass a law stipulating the salaries to be paid the county health officers of the different counties of the State, it being apparent that in quite a number of the counties the boards of supervisors refuse or fail to compensate the health officers in amount sufficient to secure competent and capable physicians to properly perform the duties of the office. Further, in view of the fact of the prevalence of smallpox and other contagious diseases in quite a number of the counties of the State, it is urgent that all counties have capable health officers who will promptly proceed to stamp out these diseases, and to accomplish this the best men should be employed, and to secure such officers a reasonable compensation must be paid. Adopted.

At the meeting, Dr. Smythe tendered his resignation as health officer of Washington county, which was accepted, and Dr. O. W. Stone was appointed to fill out the unexpired term of Dr. Smythe.—*Vicksburg Herald*.

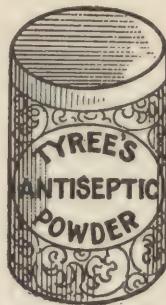
### Coagulation of Infantile Blood.

Borland (*Scottish Medical and Surgical Journal*) has made an extended series of observations of infants with the object of showing that, in the early hours of life, there is a delay in the coagulability of the blood, as compared with later days. His work shows that there is an unmistakable and decided increase of coagulability from the first day of life onward. There is not a uniform rate of coagulation for children of the same age. The writer thinks that the factors in increasing the coagulability of the blood are the large excess of  $\text{CO}_2$  and the concentration of the blood, accompanied by vigorous respiration. The weight and sex of the child have no influence on coagulation.—*Charlotte Medical Journal*.

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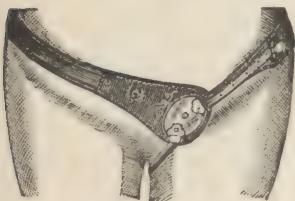
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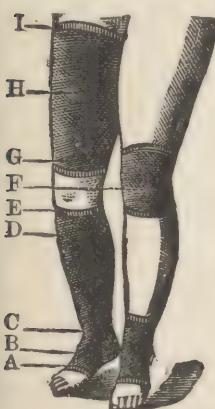
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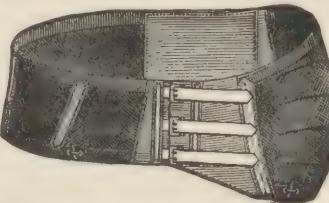
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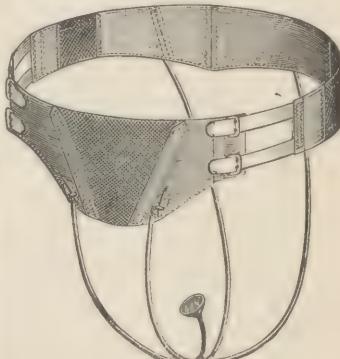
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### Treatment of Burns.

Capullano (*Gazz. degli Osped.*, September 13, 1903) speaks highly of a method of treatment which he and his colleagues have practiced for some time. It is applicable to burns of all degrees. The author uses a 50 percent. (or less) solution, using the purest glycerine he can procure. If the burn is of the second degree he punctures the bullæ, then applies the glycerine of tannin and covers with gauze and cotton-wool. The application is repeated several times a day without removing the gauze, which is allowed to remain *in situ* until it separates itself. By this simple treatment the author says he gets far better results than with any other of the numerous remedies in vogue. The tannin is slightly antiseptic, and by coagulating the albumen forms a sort of protective varnish over the tissues, whilst the glycerine also exercises a certain antiseptic power.—*Review of Reviews.*

---

### The Cough-Sequela of La Grippe.

Dr. John McCarty of Briggs, Texas, (Louisville Medical College) in giving his personal experience with this condition, writes as follows: "Ten years ago I had la grippe severely and every winter since, my cough has been almost intolerable. During January, 1902, I received a sample of Antikamnia & Heroin Tablets and began taking them for my cough, which had distressed me all winter, and as they gave me prompt relief, I ordered an ounce box which I have since taken with continued good results. Last fall I again ordered a supply of Antikamnia & Heroin Tablets and I have taken them regularly all winter and have coughed but very little. I take one tablet every three or four hours, and they not only stop the cough, but make expectoration easy and satisfactory."

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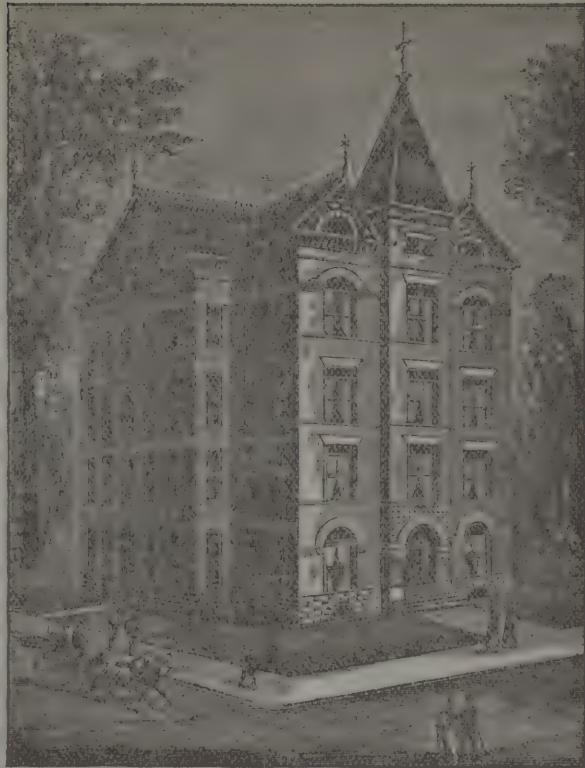
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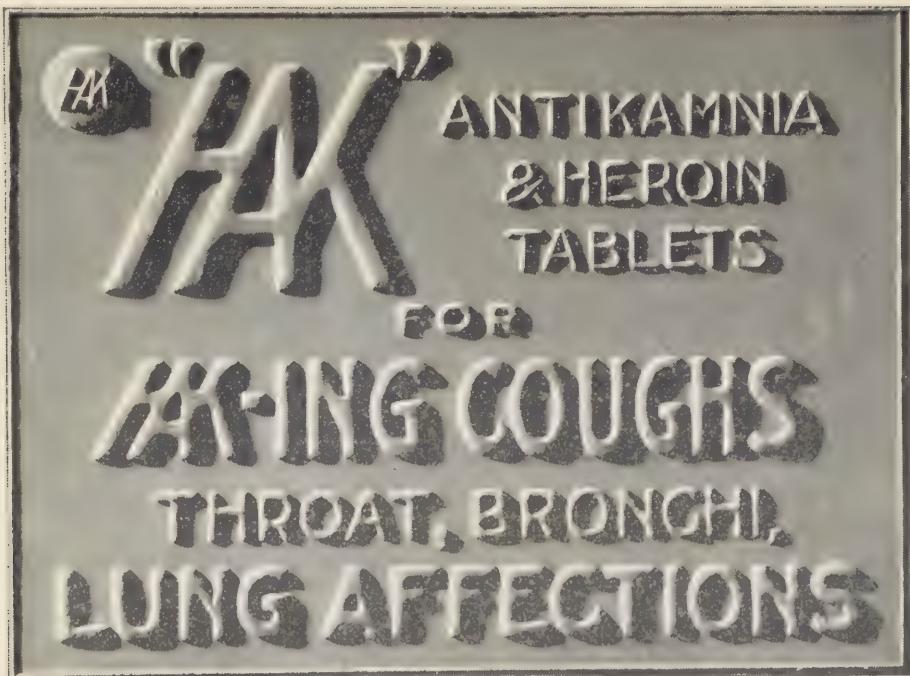
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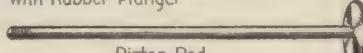
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Cap



Syringe Barrel with Rubber Plunger



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Hypodermic Needle

# *Mississippi Medical Record.*

VOL. VIII.]      APRIL 1904.      [NO. 4.

## SPECIAL ARTICLE.

### \*THE SYNOPSIS OF A HURRIED TRIP THROUGH MEXICO.

Owing to the general prevalence of yellow fever throughout the north-eastern part of the Republic of Mexico and the Gulf seaports of that republic during the year 1903, it was thought advisable for the health authorities of the several Southern States bordering on the Gulf to send a representative body to confer with the Mexican health authorities for the purpose of becoming familiar with the general conditions prevailing in the infected territory, and also to adopt some mutual plan of operation for protection during the coming danger season. To that end an invitation was extended by the Supreme Board of Health of Mexico to the several health bodies interested, to hold a conference for the purposes above indicated at such time as would be convenient and mutually agreeable.

Texas, being the State most vitally concerned, on account of its proximity to the infected territory and having suffered from an epidemic on its border during the past season, took the lead in the matter of arrangement, and its efficient health officer, Dr. Geo. R. Tabor, was by unanimous consent selected as the head of the party which was composed of representatives from the States, besides Texas, of Alabama, Louisiana and Mississippi and the Public Health and Marine Hospital Service.

San Antonio, Texas, was selected as the starting point, and on February 2d. the party centered there, composed of the following representatives: Dr. Geo. R. Tabor, Health

\*From the pen of one of the party.

Officer of Texas; Dr. W. H. Saunders, Health Officer of Alabama; Drs. Souchon, Nolte and Owens of Louisiana; Dr. C. P. Wertenbaker of the Public Health and Marine Hospital Service; Dr. J. M. McKnight, Quarantine Officer at Laredo, Texas; and Dr. John H. Purnell, representing the Mississippi State Board of Health.

Besides the health representatives, the following ladies graced the party: Mrs. Tabor, Mrs. Nolte, Mrs. Wertenbaker, Mrs. Owens, Mrs. Bennett, Miss Lanham and Miss McKnight. Masters Owens and Tabor were also of the party.

Owing to a wreck, the sleeper "Bohemia," which had been placed at the disposal of the party, did not reach San Antonio as was intended, but was secured upon reaching Laredo. At that point we were assigned our respective sections, to be our abiding places throughout the trip. The first mark of courtesy which was extended to us by the Mexican government was received immediately after crossing the border. The custom officers were directed from the City of Mexico to exempt the "Bohemia" from the usual inspection, so we were relieved of the necessity of undoing our baggage for the scrutiny of the custom officers. At nine o'clock p.m. we left Neuva Laredo and were well on our way to the City of Mexico, which was to be our first stop, and where we went to pay our respects to the Supreme Board of Health of the Republic. Here I will state that we were informed that, contrary to the custom in the United States, there are no state boards of health in Mexico. The Supreme Board has jurisdiction of the federal district in all matters pertaining to health and sanitation, and of the entire Republic, including all of the frontiers and the ports of both coasts; and the municipal boards, established in every city, report directly to the federal board. Nothing of importance was noticed on the trip to the City of Mexico, which was reached the morning of the second day out after crossing the border. A committee from the Supreme Board greeted us as we emerged from our sleeper, and seating us in carriages which were in waiting, escorted us to the Hotel Palacio where apartments had been secured. After having partaken of a sumptuous breakfast the gentlemen of the committee called and presented the following programme that had been arranged for our entertainment:

## PROVISIONAL PROGRAMME OF ENTERTAINMENT COMMITTEE.

## FEBRUARY 4TH.—THURSDAY.

4:00 P.M. Visit to the Presidential residence in Chapultepec.

## FEBRUARY 5TH.—FRIDAY.

9:30 A.M. Distribution of prizes by the President of the Republic to pupils of superior schools.

3:00 P.M. Meeting in offices of Supreme Board of Health.

8:45 P.M. Performance at Orrin's Circus.

## FEBRUARY 6TH.—SATURDAY.

9:30 A.M. Visit to American Embassy.

10:00 A.M. Reception by the President.

8:30 P.M. Performance at principal theatre.

## FEBRUARY 7TH.—SUNDAY.

10:00 A.M. Visit to Alemeda.

3:00 P.M. Bull fight, and visit to Paseo del Reforma.

## FEBRUARY 8TH.—MONDAY.

9:00 A.M. Visit to General Hospital.

4:00 P.M. Visit to Sanctuary of Gaudelupe.

## FEBRUARY 9TH.—TUESDAY.

Excursion to Valley Drainage Works.

## FEBRUARY 10TH.—WEDNESDAY.

Excursion to outskirts of city and dinner.

PRESIDENT EDUARD LICEAGA.

DR. JESUS MONJAREZ. DR. DOMINGO ORRANANOS.

DR. TOBIAS NUNEZ. DR. FRANCISCO BERNALDEZ.

DR. GONZALES FABELA.

(NOTE.) This programme is subject to modification at the will of our distinguished guests.

The programme was carried out with minor changes and some additions, and was thoroughly enjoyed by every member of the party. The gentlemen comprising the committee were untiring in their endeavors to make our stay in the City of Mexico a pleasant one, in which they were eminently successful. Our visit to the health department and conference with the Supreme Board, of which Dr. Eduard Liceaga is the president, was one of the most entertaining, and satisfactory episodes of our stay in the republic. Dr. Liceaga is a man of strong personality, of suave and polished demeanor, learned in his profession, a sanitarian of high degree, and withal, a diplomat. He personally conducted

us through the different offices of the health department, much of which we found extremely interesting, and taken as a whole it demonstrated that the sanitarians of our sister republic are keeping abreast of the times. Here the information was gained that humanized virus only is used in vaccinating against smallpox—which the Mexicans consider better than that obtained from the heifer. Vaccination is compulsory throughout the republic and it is claimed that fewer cases of smallpox occur each year, and there is every reason to hope the time is not far distant when not a case will be found on Mexican territory. In Dr. Liceaga's address to us we were told of the efforts being made looking to the control and eradication of yellow fever from the different ports and interior infected cities. These methods are the same that are practiced by our health boards and embrace general sanitation, the destruction of the stegomyia and its larvae, the isolation of individual cases of the disease and the prevention of its introduction by quarantine. Our stay in the Mexican capital was longer than our itinerary had anticipated, but it was with a feeling of regret that on the morning of the tenth of February we resumed our travel and headed for Vera Cruz—the home of yellow fever for a hundred years past, though at the time of our visit it was claimed that there was no case in the city, and had been none for several weeks. Why, we were at a loss to understand; for a more unsanitary condition than that which prevailed throughout the city it was impossible to conceive. Plans are under way, however, for sanitary improvement, and we were informed that an appropriation had been made for the construction of a sewerage system and that a mighty crusade was to be made against yellow fever. Here we were the recipients of many courtesies, and our short stay was made extremely pleasant. We thought best not to remain in Vera Cruz over night, owing to there being several non-immune members of the party, and it was feared some stray female stegomyia might pay our ear a visit and impart an infectious sting. So about dusk we departed for "Cordova" where we were placed on a siding for the night. Cordova is in the coffee and fruit district, and here were secured some of the most delicious fruits that ever tickled the palate of a connoisseur.

After the visit to Vera Cruz we deviated from the path of duty for a time and, on pleasure bent, headed for Guadalajara, the second city in size in the republic and considered by some to be the most beautiful—it is especially noted for its many beautiful señoritas. This city is situated on the Pacific side of the country and enjoys a most delightful climate, the thermometer varying but a few degrees during the year. A twenty-four hour rest here was entirely too short in which to appreciate the many interesting features presented—chief amongst which were the celebrated and valuable paintings to be seen in the cathedrals. From Guadalajara we turned east again and made our next stop at Aguas Calientes—the Hot Springs of Mexico. Here we were cordially greeted by Dr. Squiers, Chief Surgeon of the Mexican Central, and his charming wife who, after making us welcome in their delightful home, added further to our pleasure by joining the party and continuing with us until we re-crossed the border. There was very little of interest to be found at this place beyond the hot springs, which are in a very dilapidated condition; the railroad hospital, which is an up-to-date institution; the silver and copper smelter, of which it is one of the largest in existence; and the Mexican drawn-work which delighted the ladies of the party. From Aguas Calientes the run to Tampico was made through the most gorgeously picturesque scenery that greeted us on the trip and it was thoroughly enjoyed, coming after the many plains that had been traversed. Tampico is, next to Vera Cruz, the greatest danger to us from a yellow fever point of view of all the Mexican seaports. It was found to be in a better sanitary condition than was Vera Cruz, and was free from yellow fever infection. Many sanitary measures were contemplated, but at the time of our visit little had been accomplished in that line. At this place we were received and treated with marked courtesy, and our short stay was made thoroughly enjoyable. In leaving Tampico we were furnished with a special engine, the train being made up with an empty caboose attached to the engine, our sleeper being next, with Dr. Squiers' private car in the rear. Victoria, which had suffered a severe visitation of yellow fever during the past season was the next stopping place. We were to arrive at eight o'clock a. m., and would have done so had not an unfortunate steer ob-

structed our way when about two miles from our destination. Our coach was derailed, and we were rudely aroused from our morning slumbers. Fortunately the steer was the only fatality, and no one sustained an injury of any consequence. A relief train was soon run out from Victoria and we were taken to the city.

The governor of the state, of which Victoria is the capital, met us at the depot and treated us as his guests during our stay. Victoria was left at nine p. m., and we reached Monterey early the following morning. Here we repaired immediately to the American Consulate where we were met by the genial and courtly General Hanna, who made each and every one feel at home the moment he or she had crossed his hospitable portals. Soon after our arrival we were called upon by the physicians and members of the Monterey Board of Health, who procured vehicles and conducted us to an audience with General Reyes, the governor of the State of Neuva Leon, after which we visited the different points of interest about the city, winding up at the Hotel Iturbide, where a most sumptuous repast awaited us. Here our palates were tickled with the most delicate of viands, which were moistened with the choicest of wines. Toasts of good-fellowship were drunk and responded to in the happiest manner, and "all went as merrily as a marriage bell." After nightfall a conference was held between our party and the Monterey health authorities, presided over by Governor Reyes, which resulted in a thorough elucidation and understanding of the sanitary situation and conditions—what had been done and what was contemplated doing in Monterey, which city is the key to the yellow fever situation that effects the Texas border on the Rio Grande.

With Monterey our trip practically terminated, and with hearts full of gratitude for the many courtesies that had been showered upon us by all with whom we had come in contact, we turned our faces to the north, cherishing the hope that at some time it might be our good fortune to be able to reciprocate, wishing that a munificent providence might bestow only that which is good to those who were our hosts during one of the most delightful experiences of a lifetime.

## ORIGINAL CONTRIBUTIONS.

\* A CASE OF RE-ESTABLISHMENT OF MENSTRUATION AFTER  
OVARIOTOMY.

W. C. ELLIOTT M.D.,  
HOLLY SPRINGS, MISS.

*Gentlemen:*

I had hoped to bring before you the patient in this case but have been unable to get her consent. I can find nothing to correspond with it in my reading and would like to bring it to your notice.

Let us look first at the physiological side of the subject. At regular intervals of  $27\frac{1}{2}$  to 28 days in most mature females, there is a rupture of one or more ripe Graafian follicles while there is at the same time a discharge of blood from the external genitals. This phenomenon occurs with such regularity in the majority of females that it has come to be considered that these two functions are dependent, the one upon the other. That this is not necessarily so seems to be the fact in the case which I have to report.

There are two theories as to the connection between ovulation, or the discharge of an ovum, and the escape of blood from the uterine mucus membrane. Pflüger regards the bloody discharge from the superficial layers of the uterine mucosa as a physiological preparation or "freshening" of the surface (in a surgical sense) by which it will be prepared to receive the ovum when the latter reaches the uterus, so that union can take place between the ovum and the freshly exposed surface of the mucous membrane and thus the ovum will receive nourishment from a new surface.

This view is opposed to that of Reichert, Engleman and others. According to Reichert's theory, before an ovum is

\* Read before the Marshall County Medical Society.

discharged at all there is a sympathetic change in the uterine mucus membrane whereby it becomes more vascular, more spongy and swollen. The mucous membrane so altered is spoken of as the membrana decidua menstrualis, and from its nature it is in a proper condition to receive, retain and nourish a fertilized ovum that may come in contact with it. If the ovum, however, be not fertilized and escapes from the genital passage, then the uterine mucous membrane degenerates and blood is shed as above described.

Thus, in both of these accepted theories, it is evident that the ripening and escape of an ovum from the genital tract is looked upon as being an essential phenomenon of the menstrual epoch.

With these objective phenomena there are certain subjective ones which usually accompany or rather are forerunners of the menstrual period, the onset of which is often heralded by an increased feeling of congestion in the internal generative organs, pain in the back and loins, tension in the region of the uterus and ovaries, which are sensitive to pressure, fatigue in the limbs, etc., and even a slight increase in the temperature of the skin.

Now to the case in question. On January 8th, 1902, I was requested to make a call on Anna D., a negro woman living in the country. From the description given me by the messenger I prepared myself for a case of obstetrics. Upon making an examination, I was convinced that the case was not one of pregnancy and diagnosed it as either ascites or a large ovarian cyst. To confirm the diagnosis I made a visit the following day, taking with me an aspirating outfit. The woman complained greatly of discomfort from intra-abdominal pressure. On the first introduction of the aspirating needle there was no flow, but upon exhausting the air from the receiving bottle I managed to withdraw from the tumor about a quart of a very viscid, dark-colored fluid of about the consistency of heavy molasses. The patient expressed herself as being very much relieved. The fluid was such as is common to cystic degeneration of the ovary, and I made the diagnosis of ovarian tumor. About two weeks afterward the woman's husband came in to say that his wife was again suffering from the distension and I advised an immediate operation.

The woman was brought to the Sanitarium on January 31st., and the operation was performed on February 4th. Upon opening and exploring the abdomen the tumor was found to be a multilocular cyst of the right ovary weighing, after removal, fifty-eight pounds, seven ounces. The left ovary was found to be affected in the same manner and it, too, was removed. After the removal of the tumor it was found that the uterus was also enlarged. It was symmetrical, soft and apparently healthy and, having in mind a possible pregnancy, it was allowed to remain. The woman made a very prompt and uneventful recovery and was discharged on February 28th.

After going home, the signs of an advancing pregnancy continued and on July 27th., nearly six months after the operation, the woman gave birth to a healthy, well-formed female child. This infant was nursed up to about the last week in December 1903, when it was weaned. In October 1903, the woman began to experience symptoms similar to those of an approaching menstrual period, but they passed off and nothing more was thought of it. In four weeks they returned, and again in December. In January 1904 she had the same preliminary symptoms, which were followed by a regular menstrual flow. Now in this case is brought forward the fact that the operation for ovariotomy does not always bring on a premature menopause, or how is it that this woman whose ovaries are both removed continues to menstruate.

Since writing the above I have seen an article from the German "Archives fur Gynakologie" which says: "Fraenkel, from a series of observations at the operating table and experiments on animals, concludes that menstruation depends directly upon secretory activity of the corpus luteum, and not on the pressure of the ripe follicles upon the nerves of the ovary. The corpus luteum is really a gland, secreting a substance which supplies to the uterus the nourishment necessary to preserve its functional activity, and also helps to diminish the climacteric disturbances which are so marked in women whose ovaries have been removed. Hence the importance of preserving the corpus luteum of pregnancy, and of performing ovariotomy only when absolutely necessary, and after the fourth month.

## \*A STUDY OF THE MOSQUITO.

THOMAS HUNTER M.D.,  
BILOXI, MISS.

Considering the positive danger to health and the undoubted damage to real estate values in residential regions as a result of the presence of mosquitoes, not to mention the bodily discomfort they produce, for pain and insomnia produced by these pests are real ills, they deserve our careful study.

That there are sources of malarial and yellow fevers other than the mosquito I do not know, but that the *Anopheles* and the *Stegomyia* are positive sources of infection have been proven conclusively. The life history of the malarial and yellow fever germs have been accurately studied. Not every mosquito is an *Anopheles* or an *Stegomyia*, nor is every *Anopheles* or *Stegomyia* capable of transmitting disease, and yet there is no complaint of the scarcity of malarial poisonings in this locality.

Leaving aside Elephantiasis, Yellow Fever and Malarial Fever, the other motive for the crusade that I hope to inaugurate is the desire to abolish the petty annoyance that has been demonstrated to be possible of abolition.

Let malaria and yellow fever be the excuse whereby we may summon municipal, county and state aid in the name of the public good. Those residing off the coast and in the interior covet the pleasant verandas of the coast people. To lie in one's hammock on a balmy summer evening, inhaling the aroma of the ever soothng pines, breathing the invigorating salt breezes, lulled to sleep by the lapping of the ceaseless waves, is the fair side of life. But as some of you may attest, the coast is not always the Paradise that it is supposed, and the mosquito is the disturbing agent. We who have conquered all our foes and driven them out, who have exterminated Indians, bears, wolves and snakes, fly behind our screened breastworks to escape this foe.

Gentlemen, Darwin's theory of the survival of the fittest certainly applies to the mosquito species, as only the dull and sluggish mosquito is killed or wounded during our fight while the alert and strenuous artist lives and thrives, rearing yearly a more pertinacious and evasive crop.

\* Read before the Harrison County Medical Society.

The entire Atlantic seaboard is low and swampy with thousands of acres of partially submerged meadow fringing the shore, veritable mosquito incubators. In the brackish waters, the habitat of the *Culex Sollicitans*, or marsh mosquito, millions upon millions of *wiggle tails* or larvae deport themselves. Think for a moment of the acreage between New Orleans and Mobile on the L. & N. R. R.; unclaimed marsh lands, worthless, partly or wholly under water at high tide, nobody wants them. Some of these marshes are so barren that they will not even produce salt hay. The domain of the mosquito; theirs to have undisturbed, and from this stronghold they sally forth to harrass and destroy the surrounding country.

Oh, but the task of draining and erecting protecting walls is gigantic. I would answer by saying: "The Dutch have taken Holland and the Fens of East England were just such morasses, and to-day there are no more fertile lands extant." At Center Island in Oyster Bay, L. I., near the summer home of the President of the United States, the local improvement association has filled the creek and bayou beds with dirt dug from drainage ditches; they have built dikes nine feet high, two feet higher than high tide; provided gates that permit exit, but not entrance, of waters; and the successful venture has reclaimed thirty thousand acres, the farmers of which will suffer very little from the mosquito.

Just a few days since I read in the New Orleans *Times-Democrat* an article referring to the completion of the canal of the Golden Meadow Development Company. They also utilized the dirt from the canal as dikes, thus reclaiming twenty-five thousand acres of fine rice lands in LaFourche Parish.

Recognizing the importance of the crusade, the way is clear. Prof. Morgan, of the Louisiana Biologic Station, has found the following specimens of mosquitoes in this locality: two species of *Psorophora* or "Gallinipper," five species of *Culex*, two *Anopheles*, one *Stegomyia*. The prevailing family is *Culex Sollicitans*. This species swarms in the salt marshes; not that their habitat is exclusively salt water, but the larvae of the *Psorophora* are predatory and devour the *Culex*, so the salt water is a secondary habitat, the *Psorophora* being unable to live in the brackish waters.

Draining the marshes will certainly destroy this species. Prof. Howard first demonstrated that a thin film of kerosene upon the breeding places of the mosquito infallibly destroys the larvae of the adult female when she deposits her egg. The spraying should be repeated every two weeks for *Culex* and three weeks for *Anopheles* and *Stegomyia*.

Prominent among the natural enemies of the mosquito are the Bull Bat and Dragon Fly; their appetites are enormous and their capacity great but unfortunately their hours are well kept as they retire when the sun sets. Not so the mosquito. Small fish are fond of these insects, but the grass and sedge roots at the water's edge act as harbors.

A great deal can be accomplished by having the school children become interested and organize searching parties, who could report the breeding places to a Central Spraying Committee. All bottles and cans, in fact anything capable of retaining stagnant water, should be emptied or destroyed, and holes and depressions filled in.

In villages, it has been truly said, we raise our own mosquitoes, and from good authority I have it that if for three hundred yards around there is freedom from stagnant water there will be freedom from mosquitoes except wind borne.

The chief, if not the only, cause of malarial poisoning is the *Anopheles*. An infected female inserts her hollow tube or proboscis into our anatomy and through that tube introduces a microscopical drop of yellow fluid supposed by some to liquify the gummy blood, by others soften the epidermis, rendering the puncture easier. This fluid carries into the circulation millions of needle shaped micro-organisms which attack the red corpuscles. The appearance of the blood, beginning with attack and ending with segmentation, completing the circle of development, is as follows: granted that the parasite is of tertian variety, in fresh blood, under one-fifth lens, you find upon the body of a red cell a small hyaline formation, situated excentrically, with indistinct or illdefined boundary or outline; small groups of actively moving pigment granules then appear, next the red corpuscle becomes pale and swollen. After the intra-corporeal matter is digested and the outline appears as simply a thin red ring, the granules begin assuming organized forms, until they reach the shape of a daisy or rosette, when the over distended cor-

puscle bursts or segments. The petals or granules are thrown into the circulation and, in turn, attack other red cells. The segmentation or breaking up of these organized shapes produces a paroxysm or chill. The organism then being free in the blood plasma, I contend that this is the best time to attack plasmodia with quinia, as the intra-corpuscular medication is more difficult. Of course two groups of the tertian parasite of different ages would develop double tertian. These segmenting on alternate days would cause the quotidian or daily type of chills.

The most favorable time to procure malarial blood for examination is eight hours after a chill as the blood then is at the periphery. The tertian parasite requires forty-eight hours from introduction to maturity or segmentation, producing chills every other day. The quartan requires seventy-two hours and produces chills every third day. The estivo-autumnal is in a continued state of change, but from the introduction to the formation of crescents requires twenty-four to forty-eight hours, the temperature generally being continuous.

During the past summer I did a bit of original research, of course in an humble way having no extensive or expensive laboratory equipment. The prime motive of my investigation was to prove that there were other intermediate hosts for malarial plasmodia than the mosquito. I procured the Grosbeak, Jack and Sand snipe, Poule D'Or and several other swamp inhabitants, and upon examining the blood found granular bodies in the red cells, but daily examinations showed no change in the corpuscle other than recorded. I finally ascertained that the parasite was the proteosoma, a micro-organism similar to plasmodia. While I failed in that direction, I did find the plasmodia in the intestinal and abdominal canals of the leech, after being applied to patients suffering with malarial fever, and I propose that an *Anopheles* of my own breeding shall take such blood the coming season and find if the sexual act goes on the intestinal canal of the leech.

And now, in concluding, I wish to thank Mr. Harry Sutherland for valuable assistance, and, gentlemen, if I have bored you with this lengthy paper I hope you will consider it an error of the head, not the heart.

## MISSISSIPPI STATE MEDICAL ASSOCIATION.

Meets at Jackson, April 20th., 21st. and 22nd.

## PRELIMINARY PROGRAM.

## OBSTETRICS. Chairman B. L. Culley.

“Obstetrics”—B. L. Culley, Jackson.

“Hydrocephalus With Breech Presentation”—W. W. Robertson, McComb City.

“Placenta Previa, Report Of A Few Cases”—I. H. C. Cook, Hattiesburg.

“Placenta Previa”—George L. Harbour, Vossburg.

## GYNECOLOGY. Chairman W. W. Crawford.

“The Relation Between Uterine Disorders And Mental Disease”—Rosa Weiss, Meridian.

“The Gynecological Aspect Of Perineal And Cervical Laceration”—J. W. Barksdale, Vaiden.

“Salpingitis”—W. R. McKinley, Columbus.

“Floating Kidney, Its Gynecological Significance And Treatment”—W. W. Crawford, Hattiesburg.

“Some Symptoms Of Diseases Peculiar To Women”—John H. Rhodes, Jackson.

“A Paper”—T. J. Crofford, Memphis.

## PRACTICE OF MEDICINE. Chairman J. B. McElroy.

(*Symposium on Pneumonia.*)

“Bacteriology Of Pneumonia”—May F. Jones, Columbus.

“Pathologic Anatomy Of Pneumonia”—E. A. Cheek, Arcola.

“Physical Signs And Diagnosis Of Pneumonia”—

“Treatment Of Lobar Pneumonia”—J. W. Gray, Jr., Clarksdale.

“Treatment Of Bronchopneumonia”—H. L. Sutherland, Rosedale.

“Opium”—B. F. Ward, Winona.

## DISEASES OF CHILDREN. Chairman J. W. Lipscomb.

“Summer Diarrhoea Of Children And Its Treatment”—E. C. Coleman, Kosciusko.

“Measles And Its Complications”—W. H. Barr, A. & M. College.

“Catarrhal Pneumonia”—Jno. E. Davis, Columbus.

"Convulsions Of Childhood"—T. J. Ray, Centerville.

"Relative Importance Of Section On Children"—J. W. Lipscomb, Columbus.

**MATERIA MEDICA.** Chairman J. M. Alford.

"Water, Some Of Its Uses In The Treatment Of Disease"—T. E. Ross, Hattiesburg.

"Treatment Of The Opium Habit By Hyoscine Hydrobromate"—J. M. Catchings, Hazlehurst.

"The Medical Treatment Of Dysmenorrhœa"—J. M. Alford, Ellisville.

**DERMATOLOGY.** Chairman H. S. Gully.

"How To Manage Small Pox Cases"—H. F. Tatum, Meridian.

"The Pathology Of Elephantiasis"—Cecil Champenois, Meridian.

"Report Of A Case"—B. F. Duke, Scranton.

"The Treatment Of Epithelioma By The X-Ray"—R. L. Turner, Meridian.

"How To Prevent Pitting Of Small Pox"—W. W. Reynolds, Meridian.

**SURGERY.** Chairman J. T. B. Berry.

"The Country Surgeon And His Nurse"—J. T. B. Berry, Brandon.

"Better Hospital Advantages In Our Public Institutions and Jails"—J. H. Rhodes, Jackson.

"A Paper"—Buford Larkin, Columbia.

"Abdominal Surgery"—M. J. Lowry, Meridian.

"Visceral Tuberculosis"—E. F. Brown, Natchez.

"Surgery Of The Gall Bladder"—F. D. Smythe, Memphis, Tenn.

"Some Further Observations On Abdominal Surgery"—J. A. Crisler, Yazoo City.

"Report Of Cases"—Luther Sexton, New Orleans, La.

"A Paper"—E. M. Holder, Memphis, Tenn.

"Report of Case"—T. J. Crofford, Memphis, Tenn.

**VENEREAL DISEASES.** Chairman E. F. Howard.

"Microscopic Diagnosis Of Gonorrhœa"—J. B. McElroy, Memphis, Tenn.

Discussion opened by E. H. Martin, Clarksdale.

"Complications Of Gonorrhœa"—S. Myers, Vicksburg.

Discussion opened by H. L. Sutherland, Rosedale.

"Treatment Of Gonorrhœa"—H. H. Haralson, Vicksburg.

“Importance Of Early Diagnosis In Syphilis”—S. W. Johnston, Vicksburg.

“Differential Diagnosis In Tertiary Syphilis”—B. B. Martin, Vicksburg.

Discussion opened by W. W. Crawford, Hattiesburg.

“Nasal Syphilis”—M. H. Bell, Vicksburg.

“A Rational Method For The Control Of Venereal Disease”—E. F. Howard, Vicksburg.

Discussion opened by H. M. Folkes, Biloxi.

## CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY.

**Meets April 6th. 1904.**

### PRELIMINARY PROGRAM.

#### AFTERNOON SESSION—2 P. M.

1—“Capillary Bronchitis”..E. Forrest Hayden M.D., Shaw.

Discussion opened by J. W. Gray Jr. M.D., Clarksdale.

2—“Intestinal Disorders Of Childhood”..S. W. Glass M.D., Dublin.

Discussion opened by M. H. Alexander M.D., Tunica.

3—“Practice Of Medicine In The Delta In Early Days.”.....T. J. Mayers M.D., Shelby.

Discussion opened by W. W. Stuart M.D., Clarksdale.

4—“The Influence Of Environment In The Practice Of Medicine”.....W. P. Barton M.D., Hillhouse.

Discussion opened by J. P. Hitt M.D., Clayton.

5—“Are We True To Each Other And Ourselves?”.....H. X. Richardson M.D., Dundee.

Discussion opened by P. T. Rainey M.D., Cascilla.

6—“Hives”.....Fred M. Brougher M.D., Belen.

Discussion opened by W. H. Harrison M.D., Tutwiler.

#### SOCIETY SUPPER AT ALCAZAR HOTEL.

PRESIDENT McCALIP, Toastmaster.

5:30 P.M. to 6:30 P.M.

#### EVENING SESSION—7 P. M.

7—President’s Address.....W. D. McCalip M.D., Cleveland.

8—“Gonorrhœal Endocarditis”.....H. L. Sutherland M.D., Rosedale.

Discussion opened by J. E. Bramlett M.D., Clarksdale.

9—"Malarial Hematuria".....W. E. Courson M.D., Beulah.  
Discussion opened by J. T. Longino M.D., Jonestown.

10—"Scarlatina".....B. D. Cooper M.D., Duncan.  
Discussion opened by L. D. Harrison M.D., Clarksdale.

11—"The Best Methods Of Handling Small Pox".....T. A. Carder M.D., Lula.  
Discussion opened by D. W. Coker M.D., Tunica.

12—"Report Of A Case Of Pneumonia".....J. B. Middleton M.D., Swan Lake.  
Discussion opened by C. L. Catching M.D., Gunnison.

13—"Report Of A Case Of Neurosis Of The Fifth Nerve".....G. P. Jones M.D., Lula.  
Discussion opened by J. D. Biles M.D., Sumner.

14—"Some Modern Surgical Operations, Including That As  
Now Performed For The Radical Cure Of Inguinal  
Hernia".....W. H. Harrison M.D., Tutwiler.  
Discussion opened by J. J. Slack M.D., Friars Point.

15—"La Grippe".....J. T. Longino M.D., Jonestown.  
Discussion opened by F. P. Boatner M.D., Cleveland.

The officers of the Society are:

President—W. D. McCalip, Cleveland.  
Vice—for Tunica—L. L. Minor, Hollywood.  
Vice—for Coahoma—W. T. Harris, Rich.  
Vice—for Quitman—J. B. Stone, Belen.  
Vice—for Sunflower—R. C. Smith, Potter.  
Vice—for Tallahatchie—J. D. Biles, Sumner.  
Vice—for Bolivar—J. M. Mathis, Merigold.  
Secretary—E. H. Martin, Clarksdale.  
Treasurer—J. W. Gray Jr., Clarksdale.

DELEGATES: L. L. Bankston, Tunica; J. J. Slack, Coahoma; J. B. Middleton, Tallahatchie; W. B. Martin, Sunflower; B. D. Cooper, Bolivar; G. W. Johnson, Quitman.

Special rates have been allowed by the hotels and members are urged to secure rooms for the night as soon as arriving, as the hotel accommodations will be taxed to their utmost. Members unable to secure rooms will report the fact to the Secretary.

A rate of one and one-third the usual fare has been granted for the round trip, on the certificate plan. Get a certificate when purchasing your ticket.

Members on the Riverside will buy tickets on certificate plan to Stovall. They will be met there by sufficient conveyances from Shannon's stable. Mr. Shannon has agreed to send these conveyances and return the doctors to Stovall

the next morning for the nominal price of one dollar for the round trip. All members on the Riverside who may attend will please notify Dr. H. L. Sutherland of Rosedale who will report the number to be met.

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## COUNTY SOCIETIES.

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JACKSON COUNTY MEDICAL SOCIETY met at Ocean Springs March 2nd. Attendance was large. Dr. J. H. Bickerstaff was the essayist, his paper being a discussion of "Ileo Colitis." Dr. J. N. Rape was elected delegate to the State Association, Dr. O. L. Bailey being the alternate. Drs. Bailey and Switzer will be the essayists at the next meeting, which will be held at Scranton April 9th.

JONES COUNTY MEDICAL SOCIETY held its quarterly meeting in the parlors of the Laurel Y. M. C. A., Tuesday, March 15th. The meeting was well attended and proved quite interesting to all present. Dr. H. G. McCormick read an interesting clinical history. Original papers were presented as follows: Dr. J. M. Alford, of Ellisville, "Malaria"; Dr. J. R. Kittrell, of Myrick, "Treatment Of Typhoid Fever." The subjects were well discussed and many interesting points brought out.

Papers were assigned for next meeting to Dr. C. H. Ramsey, "Tuberculosis"; Dr. W. S. Cronford, "Pneumonia"; Dr. H. G. McCormick, "Diagnosis"; Dr. Troy C. Sexton, "Gastro-Intestinal Diseases In Children.

The next meeting will be held in Ellisville, July 12th. 1904.

MARSHALL COUNTY MEDICAL SOCIETY met in Holly Springs March 7th. Dr John McClatchey brought a case of osteomyelitis before the Society. Dr. W. C. Elliott read a paper\* on "Re-establishment Of Menstruation After Ovariotomy." Dr. F. P. Boatner was elected vice-president to succeed Dr. S. D. Hamilton who became president at the death of Dr. R. H. Peel. Dr. R. A. Seale was elected delegate to the State Medical Association. The question of gratuitous professional services by physicians to clergymen was brought up and referred to the next meeting for general discussion.

SCOTT COUNTY MEDICAL SOCIETY was organized at Forest March 1st. with eight members. The following officers were elected: President, V. M. Neal; Vice-Pres., E. J. Rowe; Secy.-Treas., W. C. Anderson; Censors, W. H. Pevey, W.

\* Which appears in this issue.

E. Moody and I. Edwards. Regular meetings will be held the first Tuesday in each month. Essayists for next meeting are Drs. Alma Rowe and I. Edwards.

WARREN COUNTY MEDICAL SOCIETY met December 8th. The Society passed at once to the discussion of the affairs of the State Charity Hospital located here, having just received the gratifying news that the bill embodying the changes in the government of the Hospital that were suggested by the Society had passed the Legislature and been approved by the governor and that the governor had appointed the Society's nominee for surgeon.

The next meeting will be held April 4th., at which Drs. A. T. Mitchell and H. H. Haralson will be the essayists.

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## CURRENT LITERATURE.

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### **Circular Union Of Severed Blood Vessels.**

*Journ. A. M. A.* abstracts the following from *Nordisches medicinisches Archiv*:

“Reinsholm's memoir is based on extensive experimental research, supplemented by work on the cadaver, in which he tested the various methods of end-to-end union that have been proposed. The work won for him the gold medal of the Copenhagen University in 1902. He describes a personal method which he thinks combines all the advantages of the Murphy and other technics, with none of their disadvantages. The carotid, for instance, was resected between clamps, in a ram. A 0 catgut with two straight needles was passed through the proximal stump close to the edge, after the outer coat of the artery had been pushed back. The needles were then introduced into the lumen of the distal stump and brought out through the wall at symmetrical points about 1 cm. from the edge. In this way a U stitch was made, parallel with the longitudinal axis of the vessel. The two stumps were then approximated, and the central stump invaginated in the peripheral by traction on the thread, the lumen of the peripheral stump stretched with two fixation forceps at the time. When the invagination was complete,

it was fastened with three catgut stitches. The first invaginating thread was cut off where it emerged on one side, the rest being pulled out by the other end. Ninety-one days later the artery was found practically normal, fluids passing without difficulty and the outer shape of the artery unaltered. By this technic only one invaginating thread is used, and it is removed later. By pushing back the outer coat of the proximal stump, it becomes so much smaller that it readily slips inside the distal stump. The intima of the outer tube is injured as little as possible, and there is no folding or twisting of the inner tube, which is fastened only by the supporting sutures outside. The latter include the pushed-back "cuff" of the adventitia with some of the surrounding tissue, are very strong and firm, and only very few are required. They tampon against hemorrhage and support the cicatrix. Broad surfaces are approximated and held in contact by the blood circulating within. No foreign body is left inside the vessel, and the lumen is reduced only by the thickness of the invaginated walls. The double wall at this point of union insures solidity. The only objection to the method is that if the inner tube contracts, a dead space will be left between the two, with the edge not covered with endothelium, thus offering a chance for thrombosis. When the above technic was closely followed, nothing of the kind was observed in any of his experiments on horses, goats or rams."

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#### A New Technic In Operations For Appendicitis.

The steps in the operation as given by Ashton in *American Medicine* are as follows:

1. After the appendix has been located and freed from adhesions, the head of the colon is brought within the abdominal incision. A No. 7 braided silk ligature is then tied around the tip of the appendix, the free ends knotted and the loop, which should be about 6 inches long, is held taut by the assistant.

2. The ligature of the same material is now passed through all the coats of the colon, except the mucous, about three-quarters of an inch beyond each side of the base of the appendix. The free ends of the ligatures are then tied, leaving two loops, each 6 inches long, which are used to control the head of the bowel. A purse-string suture is now passed through all the coats of the bowel, except the mucous, about a half inch from the base of the appendix.

3. The appendix and head of the colon are now completely under the control of the operator, who keeps the appendix taut by traction on the ligature, which is tied around

its tip. At the same time the assistant grasps the loop on each side of the base of the appendix, and by making traction on them holds the head of the colon well within the abdominal incision.

4. The seat of operation is now shut off from the surrounding parts by packing a strip of plain gauze around the head of the colon.

5. The mesoappendix having been previously ligated and severed, a circular incision is made through the serous coat of the appendix about a half inch above its base.

6. The peritoneum is then stripped back beyond the base of the appendix with the scalpel.

7. The appendix is now amputated below its base with scissors curved on the flat.

8. The opening in the bowel is now closed by inverting its edges with forceps as the purse-string suture is tied, and subsequently introducing a mattress suture to guard against leakage.

9. The operator now douches the seat of the operation with warm normal salt solution, and dries the parts with a gauze sponge. The gauze packing is then removed; the control ligatures cut and withdrawn from the bowel; and the head of the colon allowed to sink into the abdominal cavity.

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#### Infection By The *Bacillus Dysenteriae* In Infants.

La Fetra and Howland (*Archives of Pediatrics*, March) from a clinical study and analysis of sixty-two cases, draw the following conclusions:—

1. The unexpectedly great prevalence of the dysentery organism in cases of diarrhoea in infants, at least during the summer months. Of sixty-four cases examined in the Vanderbilt clinic, sixty-two were positive. This proportion is especially striking when it is remembered that these were cases in dispensary practice, where with the severe the very mildest cases are to be seen. All were ambulant cases and the stools were examined whenever there was any sign of digestive disturbance.

2. All types of diarrhoeal disease are to be found among these cases. Some were severe colitis, some of the mild type. Others could only be classed as the mildest form of intestinal indigestion. The course of the disease, while usually short, was prolonged in eight cases.

3. As compared with cases of summer diarrhoea of other years, those in this series were in general much milder. This was possibly due to (a) the cool summer and (b) the

increasing knowledge among the tenement population of the care of infants and their food.

4. The striking number of breast-fed infants, fourteen in sixty-two cases. Of the fourteen, not one was even moderately ill, and only one had blood in the stools.

5. The serum treatment was not given in a sufficient number of cases to warrant any conclusions. In some it was of apparent benefit, in others no effect was noticed.

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#### Correct Method Of Using Oxygen.

Cohen, (*New York Medical Journal*, March 12th.) says that the mistake usually made is to wait until the patient is nine-tenths dead before giving oxygen. To produce results it must be given in time and given freely; a bagful every two or three hours is playing with it. As a rule it promotes sleep, but should it interfere nitrous oxide may be combined with it, in the proportion of one part to four of the oxygen.

Iron or hard rubber inhaling tubes are better than glass. The rate of administration is judged by observation of the bubbles as they pass through the wash-bottle. The bottle should never be more than half full of water lest the oxygen by some mischance come through in too great volume and carry the water with it, thus choking the patient.

"In a severe case, let the oxygen run for an hour, or for six or twelve or forty-eight hours if necessary, removing it only when needed to give the patient rest or sleep, to feed the patient, or to carry out other portions of the treatment. After two or three hours of continuous administration of oxygen there will usually be sufficient improvement to warrant its intermission for a couple of hours. In milder cases a half hour's use of the oxygen every second or third hour may suffice. Its administration must be entrusted to skilled hands, and the dosage must be regulated according to circumstances, and may thus be great or little, long or short, as the case may require at the moment."

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#### Some Points In The Care And Use Of The Static Machine.

Brockbank (*New York Medical Journal*, February 27th.) says that there are few pieces of apparatus capable of such wide range of usefulness as the static machine, none so disappointing and unsatisfactory when uncare for. The makers claim too much for their respective machines. The

chief cause of difficulty is dampness and of all methods of overcoming this difficulty drying the interior of the case with *fused chloride of lime* is the only one of real value. This he buys in hermetically sealed cans and dries in an ordinary oven. It is then transferred quickly to the machine. He uses gasoline for cleaning the interior of the machine as it will not affect any of the parts, evaporates quickly and is thoroughly effectual. To prevent moisture collecting on the outside of the machine in very damp weather he allows an ordinary Bunsen burner to burn under the case for an hour or so. All external metal parts must be brightly polished and the stand for the patient should have solid glass legs ten inches high. A coating of dust on these legs will act as conductor and cause loss of current. An essential matter is that of grounding. Many operators are content to simply drop a chain from the indifferent pole to the floor. The author's method is as follows: "For the machine I bore a small hole through the floor underneath it, through which I pass a brass chain, and to this I attach a stout piece of copper wire, and in turn I twist the other end of the wire around the main gas pipe; on the other end of the chain a small hook is placed, to connect it with the sliding pole of the machine which is not in use. This hook can be transferred from one pole to the other, according to which pole is to be used in treatment. For grounding the electrodes, I stretch a piece of copper wire across my office and attach one end of it by an extension down the side of the wall to the water pipe. To this I attach my active electrode by means of a brass chain with a hook on each end. By this means I produce a perfect system of grounding and increase the therapeutic effect of the current very materially."

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We note with interest that the Fourth Annual Summer Course in Medicine of the Tulane University of Louisiana will begin May 2nd. and last six weeks.

Descriptive Circular will be mailed on application.

Address "Summer Medical Course, Tulane University, P. O. Drawer 261, New Orleans, La."

## THERAPEUTICS.

## For Tuberculosis.

*Progres Medical* for Jan. 3rd. gives several formulæ.

Gautier prescribes:—

R Sodium cacodylate - 96 grains—6 2-5 grammes  
 Carbolated alcohol (10 per cent.) - 10 drops  
 Distilled water - 3 1-3 ounces—100 grammes  
 M. One gramme hypodermatically.

Lafay and Levy-Bing offer:—

R Calcium cacodylate 75 to 240 grs.—5 to 16 grammes  
 Carbolated alcohol - - - - 10 drops  
 Distilled water - 3 1-3 ounces—100 grammes  
 M. One gramme.

If there is an anæmic or a leucæmic cachexia:—

R Cacodylate of iron - - - 45 grains—3 grammes  
 Distilled water - - 3 1-3 ounces—100 grammes  
 M. One gramme.

If a syphilitic cachexia complicates the case, Grasset advises:—

R Biniodide of mercury } of { 9-40 grain—15 milli-  
 Iodide of sodium } each } grammes  
 Sodium cacodylate - 3-4 grain—50 milligrammes  
 Distilled water - - - 15 drops—1 gramme  
 M. One hypodermic dose.

or—

R Biniodide of mercury - 1½ grs.—10 centigrammes  
 Iodide of potassium - 3 grs.—20 centigrammes  
 Cacodylate of sodium - 7½ grs.—50 centigrammes  
 Distilled water, q.s.ad. - ½ ounce—10 grammes

M. Dose, One gramme.

—*New York Medical Journal.*

## *EDITORIAL.*

**E. F. HOWARD B.S., M.D.**  
Editor

### **COLLABORATORS**

**H. L. SUTHERLAND M.D.,**  
Rosedale.

**R. A. QUIN M.D.,**  
Vicksburg.

**W. M. PAYNE M.D.,**  
Aberdeen.

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Official Organ of the Clarksdale and Six Counties Medical Society, the Jackson County Medical Society, the Grenada County Medical Society, the Perry County Medical Society, the Marshall County Medical Society, the Harrison County Medical Society, the Pearl River-Marion County Medical Society and the Warren County Medical Society.

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We are requested by President Mitchell to urge upon the members of the State Association the necessity of a full attendance at the meeting at Jackson on the 20th., 21st. and 22nd. of this month. In no other way can the merits of the new methods be tested, in no other way can we arrive at a just estimate of its advantages and disadvantages.

But apart from the business side, the preliminary program, which appears elsewhere in this issue, offers a promising scientific entertainment. So far as we have been able to hear from the various section chairmen, the titles of the papers promise that the field of medicine and surgery will be well covered. As to their authors—many are men well known, not only in this state but to the profession generally, while there are a number of others whose maiden blades are yet unfleshed. We trust that some others, who have been unable to contribute papers, will prepare to take part in the discussions, for it is here that frequently is obtained the meat of the matter. We say "prepare," since few men can make such discussions *ex tempore*, and the man who has given the matter previous consideration is far more apt to enter the discussion than one whose thoughts are for the first time concentrated on the point in hand.

So much has been said and so much written of the advantages of organization in the profession that possibly anything more is unnecessary, yet we cannot refrain from pointing a moral from the success that has crowned the efforts of the physicians in Warren county. For three years prior to the re-organization of the State Association, the Vicksburg Medical Association had struggled with the problem of organization. Less than half the physicians of the city were members, and though, scientifically, not much was accomplished yet the friendly feeling and sense of mutual respect was so developed that when the necessity for an institution for the convenience of the physicians in the treatment of private patients became manifest, those who had rubbed shoulders in the Society were the men who took the initiative. Not all the members of the Society are financially interested in the Vicksburg Infirmary; but it is a significant fact that all the physicians financially interested in the Infirmary are members of the Society, and those members who are not give it their warmest approbation and assistance. But for the knowledge of one another gained by association at the meetings of the Society, the Infirmary would never have been established.

The first effort of the reorganized Vicksburg Medical Association, which became the Warren County Medical Society within forty-eight hours after the State Association adjourned last spring, was in behalf of the State Charity Hospital at Vicksburg. Realizing that much could be done towards improvement in that time-honored institution, the Society formulated a new plan for its management, nominated one of its members for the position of surgeon and entered the arena of politics. The results tell the story. The Society's nominee is surgeon, the gentleman whom it approved is steward—and he is a graduated physician—and by the action of the trustees of the Hospital "membership on the visiting staff of the Hospital is by nomination by the Warren County Medical Society." The internes are selected by competitive examination "held by said visiting staff."

As a final evidence of the advantages of organization we refer to the program of the "Section on Venereal Diseases" on another page of this issue. Last year the Association had no papers in this section, the year before only one. This

year seven are promised, six from members of the Warren County Society. The chairman of the section can explain the increase in no other way than that the members of the Society, realizing that he was in a difficult position, have put their shoulders manfully to the wheel and cheerfully buckled down to work on a section heretofore avoided.

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## BOOK REVIEWS.

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**A System Of Physiological Therapeutics.** A practical exposition of the methods, other than drug-giving, useful for the prevention of disease and in the treatment of the sick—edited by S. Solis Cohen A.M., M.D. **Vol. VII—Mechanotherapy and Physical Education**, including Massage and Exercise, by John K. Mitchell M.D., Fellow of the College of Physicians of Philadelphia, Physician to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, etc. and **Physical Education by Muscular Exercise** by Luther Halsey Gulick M.D., Director of Physical Training in the Public Schools of Greater New York, etc.; with special chapters on Orthopedic Apparatus, Corrective Manipulations in Orthopedic Surgery and Physical Methods in Ophthalmic Therapeutics. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

Massage is a remedial agent so little understood from a practical standpoint and so often prescribed vaguely that this clear and concise description of its technic and effects will be received eagerly. Chapters are also devoted to the therapeutics of general and local massage and its indications and contra-indications are clearly defined.

Exercise as a remedial measure receives considerable attention as does physical education by muscular exercise. Various systems are discussed and the special benefits to be derived from particular forms and the condition in which they are variously indicated are clearly described. Sports and games calling for muscular exertion are discussed and the subject of training is considered from the medical point of view. It is hard to overestimate the advantage of exercise and muscular development when not carried to extremes and

the lessons here given, which are evidently written by one thoroughly a master of the subject, will be found both interesting and instructive.

The chapters on orthopedic apparatus and corrective manipulations are rather fuller than are generally found except in works especially devoted to the one subject and that on ophthalmic therapeutics is unusual in that it is so clearly and plainly written as to be of interest and use to others besides specialists.

**The International Medical Annual:** a year book of treatment and practitioner's index. 1904. Twenty-second year. E. B. Treat & Co., 241-3 W. 23rd. St., New York. Price \$3.00.

Just a year ago the writer had the pleasure of commenting favorably upon the year book published by this well-known firm and this latest edition does not by any means cause him to alter his opinion. While there must necessarily be considerable similarity between books of this kind, there is always the stamp of the editor in that all men are not attracted to the same class of work. Here we especially note, aside from the "Dictionary of Remedies" and "Dictionary of Treatment," which must always be of interest to the general practitioner, especially good abstracts on "Radio-Activity and Electro-Therapeutics," on "Abdominal Injuries and Surgery," on affections of the brachial plexus, on "Gastric Disorders" and, as a finale, much of interest in "Sanitary Science" condensed into the briefest possible space. In a word, the book amply fills its purpose of a ready reference to the work of the past year and as such deserves the support of the profession generally.

**Immune Sera, Hæmolysins, Cytotoxins and Precipitins** by Prof. A. Wassermann M.D., University of Berlin. Authorized translation by Charles Bolduan M.D. John Wiley & Sons, New York. Price \$1.00 post paid.

This little book on a subject of universal professional interest is taken from the author's lectures at the University of Berlin. It covers the field indicated by its title briefly and comprehensively and gives due attention to the studies of Ehrlich, Morgenrath, Metchnikoff and Bordet—noting with considerable detail the side-chain theory of Ehrlich. The brief conclusion sums up the clinical applications of immune sera and the diagnostic value of iso-agglutinations and of isolysins. Experimental details are avoided and the book as a whole serves rather as an introduction to the essentials of the subject than as a complete work.

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Ass't. Clinical Instructor on Diseases of the Rec-  
tum, Memphis Hospital Medical College.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

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## MISCELLANY.

### MUSCULAR SORENESS AND RHEUMATISM DUE TO GRIP.

In speaking of the treatment of articular rheumatism, Hobart A. Hare M.D., Professor of Therapeutics in the Jefferson Medical College and Editor of *The Therapeutic Gazette*, says: "Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgesic power of the coal-tar products "must exert a powerful influence for good." The lowering of the fever, no doubt, quiets the system and removes the delirium which accompanies the hyperpyrexia, while freedom from pain saves an immense amount of wear, and places the patient in a better condition for recovery. The researches of Guttman show conclusively that these products possess a direct anti-rheumatic influence, and among those remedies antikamnia stands pre-eminent as an analgesic and antipyretic. Hare, in the last edition of his *Practical Therapeutics*, says: "Salol renders the intestinal canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttman are so well known and to the point and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia & Salol Tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one-half grains of salol. The proper proportion of the ingredients is evidenced by the popularity of the tablets in all rheumatic conditions and particularly in that condition of muscular soreness which accompanies and follows the grip. The Antikamnia Chemical Company, St. Louis, Mo., will send samples to physicians on application. Please mention this journal.

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An editorial foot-note from the December (1903) *Alkaloidal Clinic*:

The ancestral foundation of all the liquid antiseptics before the medical profession is Listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated on its success.

---

When the hepatic cells themselves become atrophic and lose their nerve tonicity, and refuse to respond to nature's mandate, of secreting bile, then we have a group of symptoms not unlike those of a diabetic, but the results of which would be quite different.

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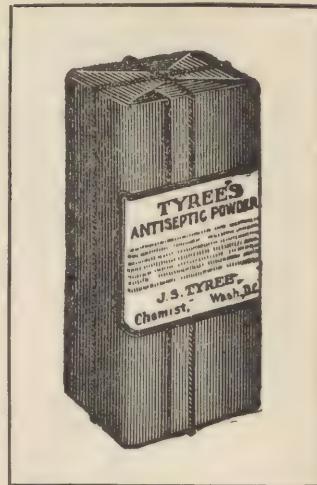
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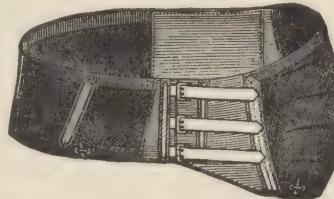
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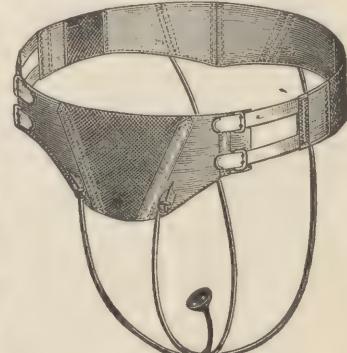
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self a perfect God-send to this condition, and that product is "chonia." Before the hepatic cells become atrophic and hardened, there is a stage in which the liver becomes engorged, congested, hypertrophic, and in this condition we have hepatitis, and inflammation of the cells and connective tissue, and if this continue, then the liver breaks down, atrophies and hardens. Now, chonia does not act like any other laxative or hepatic stimulant, but instead of producing a severe catharsis, it works on the inflamed cellular tissue, bringing back the liver to its former physiological condition, allaying all inflammation, and gently stimulating the hepatic cells to perform their duty. And when we add nux vomica to this ideal hepatic stimulant, we have a tonic for the sluggish liver that cannot be equalled by any other remedy.—*Extract from a paper entitled "Indigestion, an Etiological Factor in Diabetes," read before the Medical Association of South Carolina by Dr. J. Will McCanless.*

---

#### Ethics and Art.

From its introduction to the present day Tyree's Antiseptic Powder has been purveyed only through strictly ethical channels. The formula has been freely published, of which fact certain unprincipled pharmacists have taken advantage.

They have fostered the impression, in certain sections, that Tyree's Powder can be prepared extemporaneously for filling prescriptions.

Nothing could be more erroneous than this, since the manufacture of Tyree's Antiseptic Powder requires special apparatus, and a batch can not be properly made in less than five days.

One hundred pounds each of borax and alum are fused together and dehydrated in a proper crucible. The resulting irregular masses are then ground to the desired degree of fineness in a special mill, the remaining ingredients added and other special machinery utilized to secure uniform dissemination.

This elaborate chemical process determines, in a large measure, the phenomenal success attending the use of this powder. If a druggist had the requisite machinery the time required by the process would be too long for routine prescription work.

Mortar and pestle can not take the place of crucible, furnace and special mills. Every effort at such substitution must of necessity invite inferior, if not injurious, clinical results.

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Current Reducer  
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**Rochester Surgical Appliance Company**  
17 Elm Street,      **ROCHESTER, NEW YORK**

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I prescribed Sanmetto in a case of hematuria with retention of urine. The patient had improved a great deal by the time another supply of Sanmetto reached me. I was obliged to withdraw the urine with a catheter for nearly a week, from three to four times in twenty-four hours, also had to wash out the bladder and use suction to withdraw the clots. Since using Sanmetto the urine passes again normally and the constituents are also nearly normal and the patient has fully recovered, with the exception of a small quantity of albumen. I shall prescribe Sanmetto in the future if cases for which it is indicated fall to my care for treatment.

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W. B. ERDMAN M.D.

### **The Propriety of Bearing Testimony to True Merit.**

In a practice of over fifteen years I do not think I have written over three or four testimonials for proprietary medicines, but I cannot see any impropriety in bearing testimony to a truly meritorious remedy, and especially where that remedy has stood the test of time with thousands of physicians who with one accord verify its curative virtues in a certain line of disorders. This is true of the preparation, Sanmetto, which I consider a wonderful remedy and almost a specific in all inflammatory diseases of kidney and bladder. I prescribe it daily in my practice, and it has never yet disappointed me, but has frequently surprised me by its wonderful curative powers. When I am called to treat a case of cystitis, my thoughts revert to Sanmetto; in fact, I have learned to associate Sanmetto with cystitis, and from the thousands of testimonials received, and the number of favorable reports in the medical journals, I hardly see why the manufacturers of Sanmetto desire more. It seems to me that a physician who does not know of the virtues of Sanmetto is very far behind the age.

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Daniel's Conet. Tinet. Passiflora Incarnata calms and rejuvenates the whole nervous system. The most satisfactory results have been obtained from it in women's diseases, especially for the nervousness preceding and during childbirth. It allays irritation and all tendency toward hysteria, gives refreshing rest during the period of recuperation, and quickly restores the accustomed strength. Passiflora exerts a sedative influence upon the mucous surfaces of the entire urinary tract. As one physician expressed it; "Give Daniel's Passiflora regularly, as indicated, and leave the rest to Nature." This is the logical course to pursue, because Passiflora is Nature's remedy—prepared from the May Pop—and contains all the sedative and curative properties of this Medicine-fruit.

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A Tonic that always Tones and  
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Enriches the Blood.

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Restores the Nervous System to Normal

AVOID ALL SUBSTITUTES

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The ideal safe family laxative, known as Syrup of Figs, is a product of the California Fig Syrup Co., and derives its laxative principals from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principals of the senna by an original method of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession “the family laxative, manufactured by the California Fig Syrup Co.,” and the name of the company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine SYRUP OF FIGS. It is well known to physicians that Syrup of Figs is a SIMPLE, SAFE AND RELIABLE laxative, which does not irritate or debilitate the organs on which it acts, and, being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold in bulk. It retails at fifty cents per bottle, and the name, Syrup of Figs, as well as the name of the California Fig Syrup Co., is printed on the wrapper and labels of every bottle.

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NERVINE AND SEDATIVE.

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Sample Supplied, Physician  
Paying Express Charges.

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## A VALUABLE REMEDY

in conditions attended with  
malnutrition, general debility and  
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## GRAY'S Glycerine TONIC Comp.

Its reputation is based  
upon twenty years' successes  
in cases unbefitted by  
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The  
Survival  
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The  
Fittest

*To obtain immediate results in*  
Anaemia, Neurasthenia,  
Bronchitis, Influenza, Pulmonary  
Tuberculosis,  
and during Convalescence after  
exhausting diseases employ

**Fellows' Syrup**  
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**Hypophosphites**

*Contains—Hypophosphites of Iron,  
Quinine, Strychnine, Lime,  
Manganese, Potash.*

Each fluid drachm contains the  
equivalent of 1/64th grain of  
pure strychnine.

Special Note.—

*Fellows' Hypophosphites  
is Never Sold in Bulk.*

Medical letters may be addressed to  
MR. FELLOWS,  
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THE BEST RE-CONSTRUCTIVE—  
**Phillips' Phospho-Muriate of Quinine,**  
COMPOUND.

(The Soluble Phosphates with Muriate of Quinine, Iron and Strychnine.)

Permanent.—Will not disappoint. **PHILLIPS'**, Only, is Genuine.

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Vol. VII.

JANUARY, 1903.

No. 1.

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PUBLISHED MONTHLY

BY DRs. HARALSON & HOWARD.

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**Panopepton**, therefore, possesses peculiar properties and advantages over any natural or other artificial food, and is so signally successful in serious straits that it is especially worthy of regard as an "emergency" food of wonderfully restorative properties.

A complete description of PANOPEPTON, its composition and the method by which it is prepared, will be sent gratis to any physician.

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It is heated by the hot water system; no stifling hot air nor headache from steam.

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Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

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Full size sample to physicians who will pay express charges  
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From Chionanthus Virginica.  
Re-establishes portal circulation without producing congestion. Invaluable in all ailments due to hepatic torpor.

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Has many Advantages over other  
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Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA.

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A Most Successful Treatment for INDIGESTION

A palatable preparation of PANAX SCHINSENG in an aromatic essence

DOSE: One to two teaspoonfuls three times a day

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FEBRUARY, 1903.

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*Panopepton*, therefore, possesses peculiar properties and advantages over any natural or other artificial food, and is so signally successful in serious straits that it is especially worthy of regard as an "emergency" food of wonderfully restorative properties.

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**SULTAN DRUG COMPANY, St. Louis, Mo., U. S. A.**

## MEDICAL NEWS AND MISCELLANY.

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The bulk of the estate of the late Alexander C. Hutchinson, amounting to from \$500,000 to \$1,000,000, is left to the Medical Department of Tulane University, New Orleans. The bequest is intended to increase the efficiency of the college by the erection of a hospital, out-door clinics, a free dispensary, laboratories, etc. He also bequeathed \$20,000 each to the Eye, Ear, Nose and Throat Hospital, St. Anne's Asylum, and the House of the Good Shepherd, New Orleans.

### **Revival of the Heart by Massage.**

Massage of the heart, in case of its stoppage, to revive its movements has been recommended and experimentally demonstrated, but the first successful case of its use in man was reported by Dr. E. A. Starling at a recent meeting of the British Society of Anesthetists. In an operation for appendicitis on a man aged 65 under nitrous oxid and ether anesthesia, both pulse and respiration ceased together, and artificial respiration and traction on the tongue failed to revive them. Then the surgeon, Mr. W. Arbuthnot Lane, pushed his hand up through the abdominal wound and grasped the motionless heart through the diaphragm. He squeezed it and felt it start pulsating, though no radial pulse could be felt. Artificial respiration and other restoratives were continued, and in about twelve minutes natural respiration reappeared and the pulse became perceptible at the wrist. The operation was then completed without the use of the anesthetic and the patient made a good recovery, with, however, some diaphragmatic tenderness. This rough-and-ready method and its success in this case is suggestive of important possibilities, and demonstrates that cutting operations in these cases are not essential and can be avoided. The previous failures followed extensive exposures of the heart either by rib resection or incision through the diaphragm, as recommended by Mauclaire (in two cases). This of itself introduces a serious complication, and Lane's success was probably mainly due to his avoidance of this. The case, as the *Lancet* remarks, "justifies us in saying that, if during laparotomy the patient's heart stops, the case should never be abandoned as hopeless until manual compression of the heart through the diaphragm has been performed."—*Journal American Medical Association.*

SALARY ONLY RECOVERABLE BY HEALTH OFFICER.—As the Supreme Court of Mississippi describes it, the case of Yandell vs. Madison county was brought by a physician, as health officer of the county, to recover upon a *quantum meruit*, or as much as he deserved, namely, the sum of \$892, for medical services rendered to the residents of that county. To the several counts or different statements of his claim, three in number, all of like character, he attached a bill of particulars, containing about 98 items, one of which items will serve to illustrate all the others, was as follows: "1901, Jan. 14. To visit Jesse Samuel (smallpox), \$15.00." To his declaration, or entire pleading, a demurrer was sustained, when he filed an amended account in *quantum meruit* also, but for \$800. In the amended declaration no mention was made of the services performed, but it is alleged for the year 1900 his predecessor in office had received at the rate of \$500.00 per annum, which had been fixed at that sum by the board of supervisors, and that his (Yandell's) services were worth more than the services of his predecessor. His amended declaration further alleged that the board for the year 1901 had fixed the health officer's salary at \$100 per annum, but

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The standard antiseptic for both internal and external use.

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LISTERINE is taken as the standard of antiseptic preparations:

The imitators all say, "It is something like LISTERINE."

BECAUSE of its intrinsic antiseptic value and unvariable uniformity, LISTERINE may be relied upon to make and maintain surgically clean—aseptic—all living tissues.

IT IS AN EXCELLENT and very effective means of conveying to the innermost recesses and folds of the mucous membranes, that mild and efficient mineral antiseptic, boracic acid, which it holds in perfect solution; and whilst there is no possibility of poisonous effect through the absorption of LISTERINE, its power to neutralize the products of putrefaction (thus preventing septic absorption) has been most satisfactorily determined.

*A special pamphlet on catarrhal disorders may be had upon application.*

For diseases of the uric acid diathesis:

## LAMBERT'S LITHIATED HYDRANGEA

A remedy of acknowledged value in treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing:

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*Be assured of genuine Listerine by purchasing an original package.*

## TRI-IODIDES (HENRY'S.) LIQUOR SALI-IODIDES.

Colchicin, 1-20 grain.  
Phytolaccin, 1-10 grain.  
Solanin, 1-3 grain. Soda  
Salicylate, 10 grains.  
Iodic Acid, equal to 7-32  
grains Iodine. Aromatic  
Cordial. Dose, 1 to 2  
drachms in water. 8-oz.  
bottle, \$1.00.

An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

## THREE CHLORIDES (HENRY'S.) LIQUOR FERRISENIC

Each drachm contains  
Proto-Chlor. Iron 1-8 gr.;  
Bi-Chlor. Mercury, 1-128  
gr.; Chloride Arsenic,  
1-280 gr.; Calisaya Cor-  
dial. Dose, 1 to 2 drachms.  
12-oz. bottle, \$1.00.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

## MAIZO-LITHIUM LIQUOR LITHIUM MAIZENATE.

Nascent Chemic Union  
of Maizenic Acid — from  
Green Corn Silk — with  
Lithium, forming Maize-  
nate-Lithium. Two grs.  
to drachm. Dose 1 to 2  
drachms. 8-oz. bottle,  
\$1.00.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indication for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

it made no use of that fact except to ignore it. In truth all the counts ignored the fact that his compensation was a salary, to be fixed by the board, and sought to recover on a *quantum meruit* for special services to sick persons within the county. The court thinks that a demurrer was rightly sustained to all the counts, because the physician could claim against the county his salary only, whatever that might be; and for such recovery neither of his counts was a suitable pleading.—*Journal American Medical Association*.

NEW ORLEANS POLYCLINIC.—Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information address NEW ORLEANS POLYCLINIC, POSTOFFICE Box 797, NEW ORLEANS, LA.

“The therapeutic action of electricity is similar, if not identical, to the therapeutic application of other agents, says F. B. Bishop (*Jour. Adv. Therap.* Dec. 1902.) Blood pressure may be relieved in many instances, and bounding heart quieted by a moderately strong current, graduated according to the susceptibility of the patient. Four milliamperes are about all that can be safely used in the region of the cervi-

cal ganglia. In giving strong and powerful medicines it is customary to dilute a great deal in order that the stomach may bear them and at the same time more readily ingest them, so also, in consequence of the well known law of conduction and resistance, if we wish to give a strong galvanic current we dilute our current, as it were, by increasing the area of contact electrodes because "the resistance of a conductor is directly proportional to its length, and inversely proportional to the area of its cross-section." After many years of experience the writer has come to the conclusion that the electric current should be but rarely used as a stimulant, as stimulation is followed by a bad period of reaction. When we consider the subject of static electricity we are considering therapeutic possibilities beyond our ken; we are simply in the dreamland of electro-therapeutics. Some patients are sensitive to the electric currents and are made quite nervous from fear thereof; but after awhile become accustomed thereto and take static modalities with great benefit. Conversely, the static current may sometimes be very beneficially used when the direct current is either not well tolerated or cannot effect a cure."—*Medical News*.

VAGINAL INJECTIONS IN THE NORMAL CONDITION.—J. M. Barreneche (*Revista Medica de Bogota*, Year xxiii, No. 268) utters a note of warning against the indiscriminate use of vaginal injections and emphasizes the fact that the normal secretions are antiseptic in themselves, and the introduction into the vagina of a syringe point and injection of doubtful purity—as for example the "cleansing douches" used by women themselves—is to run the risk of infection, and furthermore to deprive the organ of its natural means of defence by washing away the secretions. The use of the vaginal douche is especially deprecated in the pregnant woman and immediately before and after parturition; not only because of danger of infection, but because at the beginning of labor, the vagina and cervix are almost as one canal, and an injection into the former may become an intrauterine injection; further, such lavage deprives the descending foetus of the natural lubricant for its passage.—*N. Y. Medical Journal*.

A SPECIFIC PERTUSSIS SERUM.—Dr. Leureaux, of Brussels, claims to have prepared an antipertussis serum of therapeutic value. He asserts that he has used the serum in a number of cases, and has succeeded in cutting the disease short within a week or ten days, when the injections were given at an early stage. The first effects are manifest at the end of thirty-six to forty-eight hours, the paroxysms of coughing being markedly reduced.—*Medical Record*.

# Doctor, Does this Interest You?

A powder, very inexpensive, which, when dissolved in water, makes a pleasant, non-irritating, non-poisonous lotion, not staining the linen, and which has a

## SPECIFIC ACTION



against those peculiar pathogenic germs which infest the genito-urinary organs (male as well as female); hence is a never-fail remedy for



## LEUCORRHEA GONORRHEA and GLEET

If intelligently used according to directions, it will CURE all cases, including the acute cases and the stubborn chronic ones as well.

Also very effective in Pruritus of the genital regions. The formula is given, and the preparation is advertised in a strictly ethical way to the medical profession only.

A 2-oz. box of Pulv. Antiseptic Comp. (enough to make two gallons of antiseptic lotion) will be sent, once only, for 10 cents, if you mention this journal. (This would make about seven dollars' worth of the usual bottled antiseptic solutions.)

This is all pure capital—you pay for no water. You can take it with you—no liquids to carry.

## J. S. TYREE, Chemist, WASHINGTON, D.C.

## FLAVELL'S ELASTIC TRUSSES.

Can be Worn Day and Night.



Single Truss. Adults.

- A. Plain ..... \$1 50
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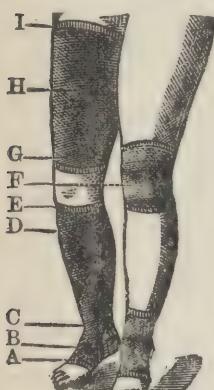
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Double Truss. Adults.

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## PNEUMATIC PADS

Give circumference of Abdomen on line of Rupture. State if for Right or Left.



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Give exact Circumference and length in all cases.

NET PRICE TO PHYSICIANS.

|        | Stout  | Fine   | Silk   | Silk  | Thread |
|--------|--------|--------|--------|-------|--------|
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| A to E | \$2 50 | \$2 00 | \$1 50 |       |        |
| A to G | 4 25   | 3 50   | 2 50   |       |        |
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Give Measure 2 inches below  
Navel.

State if for Prolapsus, Retro-  
version or Anteversion.



Net Price to Physicians, \$2.50.

PERFORATION OF THE UTERUS.—Nowhere in routine practice is the *tactus eruditus* more necessary than in curetting a septic uterus. Twice within my personal knowledge has this accident occurred. Both cases made, I am glad to report, good and uneventful recoveries, and neither ever suspected they had been the victims of so grave and serious an accident. Needless to say, neither was extensively advertised at the time. In my own case, the curette being gently handled, it seemed all at once to meet no resistance and dropped into a bottomless cavern. Its withdrawal was followed by the entrance into the uterine cavity of a generous handful of mesenteric fat. Supposing this to be placental tissue with membranes attached, I attempted to remove it, the fingers replacing the curette. As the mass began to come within the range of vision I saw my error, and as the tissue was too much injured to make it safe to replace, I ligated en masse as near the rupture as possible, removed the mass with scissors, flushed out the uterine cavity with hot sterile water, packed with gauze, put the patient to bed and lived about forty-eight as miserable hours as ever falls to mortal's lot. To my surprise, there was but little shock, and the patient proceeded to make an absolutely uneventful recovery.—I. M. Frazier, in the *Texas State Medical Association Transactions*, 1902.

*The Journal of the American Medical Association* noted during the past year the deaths of 1400 physicians. It has compiled the following interesting data. The death rate for the year was about 14.74 per 1000. The principle causes of death were heart disease, 111; pneumonia, 107; paralysis, 63; tuberculosis, 61; accident, 60; nephritis, 47; typhoid fever, 45; apoplexy, 42; malignant disease, 31; appendicitis, 25; septicemia, 25; suicide, 23; homicide, 13.

The number of years the decedents had practiced was not given in 108 instances. For the remainder, the recorded limits vary from 1 to 70 years, with an average of 28 years, 10 months and 28 days. "So far as these necessarily incomplete statistics go, they show that physicians lead a relatively sanitary life and that they practice what they preach."

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on page two of this number. "ROBINSON'S HYPOPHOSPHITES" is an elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to its tonic value.

# TWO EXAMPLES

## OF THERAPEUTICAL MERIT: OF INTEREST TO PHYSICIANS

### Pil. Antiseptic Co.

WARNER

|         |                  |   |          |
|---------|------------------|---|----------|
|         | Sodium Sulphite, | - | 1 gr.    |
| FORMULA | Salicylic Acid,  | - | 1 gr.    |
|         | Pv. Capsicum,    | - | 1-10 gr. |
|         | Pepsin Conc't,   | - | 1 gr.    |
|         | Ext. Nuc. Vom.   | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

Specify "Warner & Co." when prescribing.

We make the most soluble Hypodermic Tablets offered; Send for a specimen.

WM. R. WARNER & CO., Philadelphia, Chicago,  
New York, New Orleans.

### Pil. Chalybeate Co.

WARNER

|         |                   |   |        |
|---------|-------------------|---|--------|
| FORMULA | Mass. Chalybeate, | - | 2½ gr. |
|         | Ext. Nuc. Vom.    | - | ½ gr.  |
|         | M. Ft Pil. No. j. |   |        |

SUGAR COATED ONLY PINK TINT

The best method for the administration of iron in an assimilable form to which is added the tonic effect of the Nux Vomica.

Specify "Warner & Co." when prescribing.

# THE NEW YORK POLYCLINIC

Medical School and Hospital.

Chartered by the University of the State of New York. The Oldest Post Graduate School in America. Organized in 1861. Opened in 1882.

The New York Polyclinic is a school for teaching graduates the most recent methods of diagnosis and treatment in every department of medicine. The clinical material is abundant, and the hospital wards adjoin the lecture rooms. Since the fire in 1896, a new building has been erected and thoroughly equipped and the Institution is now prepared to offer better facilities than ever. Students may enter at any time.

#### FACULTY.

Surgery:—Charles H. Chetwood, M. D.; Robert H. M. Dawbarn, M. D.; W. R. Townsend, M. D.; James P. Tuttle, M. D.; John A. Wyeth, M. D.  
Medicine:—Isaac Adler, M. D.; Morris Manges, M. D.; W. K. Katzenbach, M. D.; W. W. Van Valzah, M. D.  
Gynecology:—J. Riddle Goffe, M. D.; Wm. H. Pryor, M. D.; Brooks H. Wells, M. D.; Robt. H. Wyylie, M. D.; W. Gill Wyylie, M. D. (Emeritus.)  
Pediatrics:—August Seibert, M. D.  
Dermatology:—Edward B. Bronson, M. D.; Andrew R. Robinson, M. D.  
Ophthalmology:—R. O. Born, M. D.; W. E. Lambert, M. D.; David Webster, M. D. (Emeritus.)  
Laryngology and Rhinology:—B. Bryson Delauan, M. D.; Joseph W. Gleitmann, M. D.; Robert C. Myles, M. D.; Francis J. Quinlan, M. D.  
Otology:—Frederich Whiting, M. D.  
Neurology:—B. Sachs, M. D.  
Obstetrics:—Edward A. Ayers.

FOR FURTHER INFORMATION, WRITE TO

DR. W. R. TOWNSEND, *Secretary.* 214 East 34th St., NEW YORK.

### The Lowering Deathrate.

In England the death rate has been reduced more than 11 per cent. in the last thirty years. This is shown in a table taken from *Public Health*, which gives the mortality in comparison, for five-year periods, at all ages and of infants, as follows:

| Years Included. | Deaths at all Ages per 1,000 Living. | Death under One Year per 1,000 Births. |
|-----------------|--------------------------------------|--|
| 1851-1855 ..... | 22.7                                 | 157                                    |
| 1856-1860 ..... | 21.8                                 | 152                                    |
| 1861-1865 ..... | 22.6                                 | 151                                    |
| 1866-1870 ..... | 22.4                                 | 157                                    |
| 1870-1875 ..... | 22.0                                 | 153                                    |
| <hr/>           |                                      |  |
| Average.....    | 22.3                                 | 154                                    |
| <hr/>           |                                      |  |
| 1876-1880 ..... | 20.8                                 | 144                                    |
| 1881-1885 ..... | 19.4                                 | 139                                    |
| 1886-1890 ..... | 18.9                                 | 145                                    |
| 1891-1895 ..... | 18.7                                 | 151                                    |
| 1896-1900 ..... | 17.7                                 | 156                                    |
| <hr/>           |                                      |  |
| Average.....    | 19.1                                 | 147                                    |

In the United States the rule holds as well in all except two cities, Baltimore and San Francisco. It is believed that the explanation of this anomaly lies in the fact that the statistics of fifteen years ago in Baltimore were inaccurate, and in San Francisco the higher rate is due to the lessened number of Chinese. The *New York Sun* is responsible for the following table:

| City.               | 1887. | 1902. |
|---------------------|-------|-------|
| Manhattan .....     | 26.27 | 19.73 |
| Brooklyn .....      | 22.71 | 18.14 |
| Philadelphia .....  | 22.04 | 17.67 |
| Chicago .....       | 20.21 | 18.88 |
| Boston .....        | 24.97 | 19.70 |
| St. Louis .....     | 20.71 | 17.72 |
| Baltimore .....     | 19.16 | 19.63 |
| San Francisco ..... | 18.27 | 19.06 |
| Washington .....    | 22.40 | 21.83 |
| New Orleans .....   | 25.34 | 21.24 |
| Pittsburg .....     | 22.04 | 19.70 |
| Louisville .....    | 23.30 | 16.02 |
| Savannah .....      | 23.77 | 15.21 |
| Cincinnati .....    | 19.97 | 18.88 |
| Albany .....        | 21.81 | 17.59 |
| Denver .....        | 17.10 | 14.30 |
| Detroit .....       | 18.65 | 13.85 |

Gratifying as these figures are it should not be forgotten that the mortality would be at least one-half less if the knowledge of the prevention of disease gained by medical science were realized in our social life.—*American Medicine*.

## FAT IN BONE MARROW.

The abundance of fat found in healthy bone marrow and the scarcity of fat in the bone marrow of anæmic patients suggests a reason why cod liver oil is so often efficient as a remedy for anæmia. Scott's Emulsion, the reliable preparation of the whole cod liver oil, is often of great use in relieving anæmic conditions, especially the chlorosis of young women.

Samples free.

SCOTT & BOWNE, Chemists,  
409 PEARL STREET,  
NEW YORK.

---

LEMON JUICE IN TYPHOID FEVER—Dr. Asa Ferguson, of London, is credited with the statement that lemon juice, dropped into a test tube containing cultures of typhoid bacilli, causes destruction of the bacilli. He is reported to have announced, therefore, that lemon juice was a typhoid germicide. One teaspoonful of lemon juice to a half glass of water kills all the typhoid bacilli present.—*Philadelphia Medical Journal*.

---

**Meeting of the American Medical Association, New Orleans, La.,  
May 5-8, 1903.**

For this occasion the Southern Railway has authorized a rate of one fare for the round trip from Washington and all prominent points throughout the entire South. Dates of sale will be May 1, 2, 3, and 4, tickets being good for a continuous passage in each direction, with a final limit of 10 days from date of sale. Tickets can be extended for a longer period, however, provided they are deposited in person by the original purchaser with the special agent at New Orleans not later than May 12, 1903, and a fee of 50 cents is paid at the time of deposit, when the final limit will be extended to a date not later than May 30, 1903.

### The Treatment of Influenza and Coughs.

We excerpt the following from the *Toledo Medical Compend* by David E. Bowman M. D., Toledo, Ohio, Professor of Obstetrics, etc., Toledo Medical College. "The elimination of the toxins is too frequently overlooked in these cases. Formerly, in their efforts to relieve the distressing symptoms, the profession have used remedies which produced stomachic disturbances, arrest of secretions, constipation, etc. I find nothing better to overcome the congested condition, in these cases, than two Laxative Antikamnia & Quinine Tablets given every three hours. If needed, follow with a seidlitz powder or other saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter. Heroin hydrochloride has been so largely used for coughs and respiratory affections that it needs little or no recommendation in this class of cases, but the favorable synergistic action of this drug used with antikamnia, is, I believe, not sufficiently appreciated. Antikamnia & Heroin Tablets will be found useful by every practitioner, particularly during the winter and spring months. The antikamnia not only adds potency to the respiratory stimulant and expectorant qualities of the heroin, but it prevents the slight nausea which may at times follow its administration alone."

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# DISEASES OF THE RECTUM

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*Dr. B. G. HENNING,*

Professor Theory and Practice of Medicine,  
Memphis Hospital Medical College.  
Clinical Instructor in Diseases of the Rectum,  
Memphis Hospital Medical College.  
Consulting Physician, St. Joseph's Hospital.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

Is prepared to treat all diseases of the rectum at St. Joseph's Hospital, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send rectal cases away from home for treatment, may feel assured that the same will receive every necessary attention.

For particulars address

**B. G. HENNING, M.D.,**

**Long Distance Telephone 478.**

**299 Main St., MEMPHIS, TENN.**

During the session of the Memphis Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge the patient paying his board, \$10.00 per week.

THE BEST RE-CONSTRUCTIVE—  
**Phillips' Phospho-Muriate of Quinine,**  
COMPOUND.

(The Soluble Phosphates with Muriate of Quinine, Iron and Strychnine.)

Permanent.—Will not disappoint. **PHILLIPS'**, Only, is Genuine.

THE CHAS. H. PHILLIPS CHEMICAL CO., New York.

Vol. VII.

MARCH, 1903.

No. 3.

# MISSISSIPPI MEDICAL RECORD.

PUBLISHED MONTHLY

— AT —

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MISSISSIPPI.

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that is contained in raw milk, with the immense advantage gained for the sick, that the casein is physiologically altered into a soluble form—the milk cannot curdle, remains a real fluid after ingestion. Casein curd cohering in compact masses is by far the most refractory to digestion of any form of proteid. Many years of clinical experience have proven that nothing is lost (and surely much gained) by beginning with peptonised milk and avoiding the always possible and often realized complications and relapses due to the accumulation of indigestible food in the intestinal tract.

MILK IS PEPTONISED EASILY WITH FAIRCHILD'S PEPTONISING TUBES—COLD OR HOT PROCESS.

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CROFFORD'S

# SANITARIUM

FOR WOMEN.

155 Third Street, Memphis, Tenn.

The building is constructed after the most approved methods of modern sanitary science.

It is ventilated through a large open shaft in the center.

It is heated by the hot water system; no stifling hot air nor headache from steam.

It is newly furnished throughout.

Kind and skillful nurses in attendance day and night.

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Address

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## PEACOCK'S BROMIDES



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The Purest Form of Bromides.  
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

DOSE:  
One to three teaspoonfuls according to the amount of Bromides required.

Full size sample to physicians who will pay express charges  
PEACOCK CHEMICAL CO., ST. LOUIS

### CHIONIA

From Chionanthus Virginica.  
Re-establishes portal circulation without producing congestion. Invaluable in all ailments due to hepatic torpor.

DOSE: One to two teaspoonfuls three times a day.

## CHIONIA

## CACTINA PILLETS

Has many Advantages over other  
Heart Stimulants

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA.

Dose:

One to four pillets three times a day

SAMPLES MAILED TO PHYSICIANS ONLY

## SENG

Promotes Normal Digestion by encouraging the flow of Digestive Fluids  
A Most Successful Treatment for INDIGESTION

A palatable preparation of PANAX SCHINSENG in an aromatic essence

DOSE: One to two teaspoonfuls three times a day

A full size bottle, for trial, to physicians who will pay express charges

SULTAN DRUG COMPANY, St. Louis, Mo., U. S. A.

# LISTERINE

The standard antiseptic for both internal and external use.

**NON-TOXIC, NON-IRRITANT, NON-ESCHAROTIC—Absolutely Safe, Agreeable and Convenient.**

LISTERINE is taken as the standard of antiseptic preparations:

The imitators all say, "It is something like LISTERINE."

BECAUSE of its intrinsic antiseptic value and unvariable uniformity, LISTERINE may be relied upon to make and maintain surgically clean—aseptic—all living tissues.

IT IS AN EXCELLENT and very effective means of conveying to the innermost recesses and folds of the mucous membranes, that mild and efficient mineral antiseptic, boracic acid, which it holds in perfect solution; and whilst there is no possibility of poisonous effect through the absorption of LISTERINE, its power to neutralize the products of putrefaction (thus preventing septic absorption) has been most satisfactorily determined.

*A special pamphlet on catarrhal disorders may be had upon application.*

For diseases of the uric acid diathesis:

## LAMBERT'S LITHIATED HYDRANGEA

A remedy of acknowledged value in treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing:

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*Be assured of genuine Listerine by purchasing an original package.*

## DISEASES OF THE RECTUM

*Dr. B. G. HENNING,*

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Is prepared to treat all diseases of the rectum at St. Joseph's Hospital, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send rectal cases away from home for treatment, may feel assured that the same will receive every necessary attention.

For particulars address

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**299 Main St., MEMPHIS, TENN.**

During the session of the Memphis Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.

In the suit of James Wilson to recover \$50,000 from the Homeopathic Hospital for alleged improper surgical treatment, it was shown at the trial that the plaintiff paid for a room and board but nothing for the services of doctors and nurses, that being the charitable work of the institution. The court dismissed the complaint on the ground that "where a corporation, having no stock and paying its doctor and those serving the corporation nothing for their services, undertakes the treatment of the sick and injured, it is responsible only for ordinary diligence in the selection of those who serve the institution, unless a specific contract shall have been made for medical and surgical treatment for money which is received by the institution."—*Brooklyn Medical Journal.*

A new phase of the profession is shown in the following extract from a letter to the *Philadelphia Medical Journal* by the president of the Pennsylvania Board of Medical Examiners:

"We discovered some time since a very bright but, unfortunately, unprincipled doctor in Philadelphia, who makes his living by passing examinations for students in colleges of arts and science, as well as medicine. He passed examinations in a medical college in this city for another student. He passed an examination for a license for medicine in Maryland; one in Pennsylvania, and has had freshmen enter Princeton, Yale and Columbia on the results of his work. He has also obtained the license of the state of New York for an individual, for which he has received quite handsome returns."

Stewart prefers chloroform as an anesthetic in puerperal eclampsia on the grounds that sugar is an antiseptic, that glycosuria counteracts the tendency to eclampsia by delaying the alkaline decomposition and that chloroform, producing a temporary glycosuria, brings about a condition antagonistic to eclampsia.—*Medical News.*

#### **Sanmetto in Enlarged Prostate Complicated with Cystitis.**

Dr. J. M. Minick of Wichita, Kansas, President of the Kansas State Board of Health, reporting his experience with Sanmetto, says: "I do not explain the action of Sanmetto from any ulterior motive or for publication any further than I candidly believe it is a God-send to men who are afflicted with enlarged prostate gland complicated with chronic cystitis, with a constant desire to micturate, especially at night."

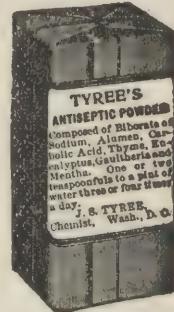
# Doctor, Does this Interest You?

A powder, very inexpensive, which, when dissolved in water, makes a pleasant, non-irritating, non-poisonous lotion, not staining the linen, and which has a

## SPECIFIC ACTION



against those peculiar pathogenic germs which infest the genito-urinary organs (male as well as female); hence is a never-fail-remedy for



## LEUCORRHEA GONORRHEA and GLEET

If intelligently used according to directions, it will CURE all cases, including the acute cases and the stubborn chronic ones as well.

Also very effective in Pruritus of the genital regions. The formula is given, and the preparation is advertised in a strictly ethical way to the medical profession only.

A 2-oz. box of Puly. Antiseptic Comp. (enough to make two gallons of antiseptic lotion) will be sent, once only, for 10 cents, if you mention this journal. (This would make about seven dollars' worth of the usual bottled antiseptic solutions.)

This is all pure capital—you pay for no water. You can take it with you—no liquids to carry.

## J. S. TYREE, Chemist, WASHINGTON, D.C.

## FLAVELL'S ELASTIC TRUSSES.

*Can be Worn Day and Night.*



### PNEUMATIC PADS

Give circumference of Abdomen on line of Rupture. State if for Right or Left.

### ELASTIC STOCKINGS.

Give exact Circumference and length in all cases.

NET PRICE TO PHYSICIANS.

|        | Stout  | Fine   | Silk   | Silk  | Thread |
|--------|--------|--------|--------|-------|--------|
|        | each.  | each.  | each.  | each. | each.  |
| A to E | \$2 50 | \$2 00 | \$1 50 |       |        |
| A to G | 4 25   | 3 50   | 2 50   |       |        |
| A to I | 6 00   | 5 00   | 4 50   |       |        |
| C to E | 1 50   | 1 25   | 1 00   |       |        |
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| A to C | 1 50   | 1 25   | 1 00   |       |        |

Goods sent by Mail upon receipt of price. Safe delivery guaranteed.

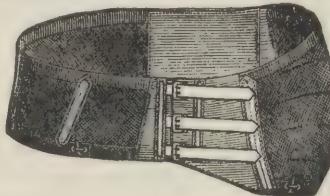
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## ABDOMINAL SUPPORTER

Give exact circumference of abdomen at K, L, M.



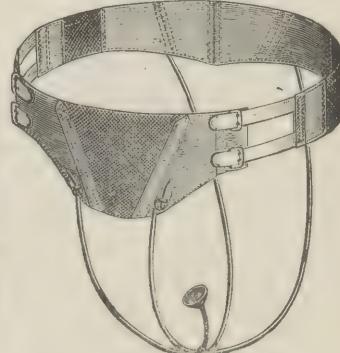
.....M

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Silk Elastic.....\$3 25  
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## FLAVELL'S UTERINE SUPPORTER.



WE SOLICIT THE PHYSICIAN'S PATRONAGE DIRECT.

Give Measure 2 inches below  
Navel.

State if for Prolapsus, Retroversion or Anteversion.

Net Price to Physicians, \$2.50.

The American Medico Psychological Association will meet in Washington May 12-13-14-15. Dr. C. B. Burr, Flint, Michigan, is the secretary.

**FIGHTING MALARIA IN THE CAMPAGNA.**—A corps of thirty physicians and thirty assistants under Professor Paolo Postempski have just completed a five months' campaign in the Roman Campagna on behalf of the Red Cross Society. The total number of malaria cases treated was 3,065. All the inhabitants who were treated with prophylactic injections of quinine escaped attack.—*N. Y. Medical Journal*.

**A NEW DEVICE.**—A very curious medical invention has been patented in Paris. It is likely to be of great use. It is a small apparatus which, placed under the arm of a patient suffering from fever, rings a small bell directly the temperature reaches a dangerous height, thus summoning the doctor or nurse.—*Philadelphia Medical Journal*.

**NEW ORLEANS POLYCLINIC.**—Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information address NEW ORLEANS POLYCLINIC, POSTOFFICE BOX 797, NEW ORLEANS, LA.

The eighth annual meeting of the Western Ophthalmologic and Oto-Laryngologic Association will be held in Indianapolis, Ind., April 9-10-11. The committee will so arrange the program that there will be ample time for full discussions. The secretary of the Association is Dr. Derrick T. Vail, 22 W. Seventh St., Cincinnati, Ohio.

The productions of Flavell's, No. 1005 Spring Garden St., Philadelphia, Pa., Manufacturers, are Elastic Stockings, Abdominal Supporters, Trusses, etc., which are offered to the Medical Profession direct. Their prompt attention to all orders and extensive facilities, enable them to fill orders at once. If you have not used their goods, send a postal card for their catalogue.

Notwithstanding the large number of HYPOPHOSPHITES on the market, it is quite difficult to obtain a uniform and reliable Syrup. "ROBINSON's is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in PERFECT SOLUTION, and is not liable to the formation of fungous growths.

The Mississippi Valley Medical Blue Book published under the Auspices of the Mississippi Valley Medical Association by McDonough & Company of 715 Locust Street, St. Louis, and 79 Dearborn Street, Chicago, is under process of publication for 1903. The book is free to all members of the Association. It will contain the Physicians and their data of Alabama, Arkansas, Iowa, Illinois, Indiana, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Tennessee, Wisconsin.

# TWO EXAMPLES

## OF THERAPEUTICAL MERIT: OF INTEREST TO PHYSICIANS

### Pil. Antiseptic Co.

WARNER

|                |                  |   |          |
|----------------|------------------|---|----------|
|                | Sodium Sulphite, | - | 1 gr.    |
| <b>FORMULA</b> | Salicylic Acid,  | - | 1 gr.    |
|                | Pv. Capsicum,    | - | 1-10 gr. |
|                | Pepsin Conc't,   | - | 1 gr.    |
|                | Ext. Nuc. Vom.   | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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We make the most soluble Hypodermic Tablets offered; Send for a specimen.

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### Pil. Chalybeate Co.

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|                |                   |   |        |
|----------------|-------------------|---|--------|
|                | Mass. Chalybeate, | - | 2½ gr. |
| <b>FORMULA</b> | Ext. Nuc. Vom.    | - | ½ gr.  |
|                | M. Ft Pil. No. j. |   |        |

SUGAR COATED ONLY PINK TINT  
The best method for the administration of iron in an assimilable form to which is added the tonic effect of the Nux Vomica.

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Chartered by the University of the State of New York. The Oldest Post Graduate School in America. Organized in 1861. Opened in 1882.

The New York Polyclinic is a school for teaching graduates the most recent methods of diagnosis and treatment in every department of medicine. The clinical material is abundant, and the hospital wards adjoin the lecture rooms. Since the fire in 1896, a new building has been erected and thoroughly equipped and the Institution is now prepared to offer better facilities than ever. Students may enter at any time.

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Medicine:—Isaac Adler, M. D.; Morris Manges, M. D.; W. K. Katzenbach, M. D.; W. W. Van Valzah, M. D.  
Gynecology:—J. Riddle (Goffe, M. D.; Wm. H. Pryor, M. D.; Brooks H. Wells, M. D.; Robt. H. Wylie, M. D.; W. Gill Wylie, M. D. (Emeritus).  
Pediatrics:—August Seibert, M. D.  
Dermatology:—Edward B. Bronson, M. D.; Andrew R. Robinson, M. D.  
Ophthalmology:—R. O. Born, M. D.; W. E. Lambert, M. D.; David Webster, M. D. (Emeritus).  
Laryngology and Rhinology:—Bryson Delauan, M. D.; Joseph W. Gleitmann, M. D.; Robert C. Myles, M. D.; Francis J. Quinlan, M. D.  
Otology:—Frederich Whiting, M. D.  
Neurology:—B. Sachs, M. D.  
Obstetrics:—Edward A. Ayers.

FOR FURTHER INFORMATION, WRITE TO

DR. W. R. TOWNSEND, Secretary. 214 East 34th ST., NEW YORK.

We are in receipt of the Prospectus of the Biloxi Sanatorium. It is an attractive and creditable pamphlet showing cuts of the beach and the buildings and grounds, together with some of the interior of this well-equipped and well-kept establishment. Patients desiring such a place for treatment and residence will find it of great interest.

#### **Sanmetto in Urethritis and Enuresis.**

Having had elegant results from the use of Sanmetto in genito-urinary diseases for quite a time, I am more fully convinced of its curative properties since having had a boy, aged twelve, call at my office, who had been suffering from an obstinate case of urethritis with enuresis. He stated that he had consulted two or three doctors, with no relief, and if he could be cured, cure him, and if not, not to give him anything. So I put him on the following:

|   |                |   |   |   |   |     |
|---|----------------|---|---|---|---|-----|
| R | Olei Santali   | - | - | - | - | 5ii |
|   | Sanmetto q. s. | - | - | - | - | 5iv |

M. Sig: Teaspoonful

every four hours, with rest in bed, and proper diet, and in ten days he was well and had no symptoms of either of the above troubles. Henceforth I shall know where to get a specific for such cases. I have always had good results from Sanmetto.

Brunswick, Ga.

WYATT C. HATCHER M.D.

#### **Quick and Sure and Time Tried.**

No doubt many of our Doctor friends will recognize in the following, from Chas. B. Forsyth M.D., (Bellevue Hospital Medical College, New York City), dated Alexandria Bay, N. Y., January 6th, 1903, an expression which will, in many instances, recall their own experience. He says: "I can say no more than that I have used Antikamnia Tablets since I began practicing medicine. Several times I have switched to other preparations, but I invariably come back to Antikamnia Tablets, when I want quick and sure results."

The Antikamnia Chemical Company, St. Louis, Mo., is an old and responsible concern, and any of their medicinal specialties may be depended upon, to be just as represented. The latest additions to their list of preparations are "Antikamnia & Heroin Tablets" and "Laxative Antikamnia & Quinine Tablets." Send to them for samples, mentioning "MISSISSIPPI MEDICAL RECORD."

#### **Sanmetto in Prostatic Hypertrophy with Vesical Complications.**

I have waited to express my opinion until I had a case in which I might apply the critical or crucial test to Sanmetto. Finally one of prostatic hypertrophy with serious vesical complications was presented, in which, having employed Sanmetto, both my patient and myself are much more than pleased with results. Henceforward Sanmetto goes into my armamentarium for all such and similar cases.

Bartow, Fla.

J. NEWTON SMITH M.D.

**THE PERFECT LIQUID-FOOD**—Exhibits 50 per cent.

Choicest Norway Cod Liver Oil with the Soluble Phosphates.

# **PHILLIPS' EMULSION**

Pancreatized.

**THE CHAS. H. PHILLIPS CHEMICAL CO., New York.**

Vol. VII.

APRIL 1903.

No. 4.

## **MISSISSIPPI MEDICAL RECORD.**

PUBLISHED MONTHLY

— AT —

VICKSBURG,

MISSISSIPPI.

### **There is everything in Peptonised Milk**

that is contained in raw milk, with the immense advantage gained for the sick, that the casein is physiologically altered into a soluble form—the milk cannot curdle, remains a real fluid after ingestion. Casein curd cohering in compact masses is by far the most refractory to digestion of any form of proteid. Many years of clinical experience have proven that nothing is lost (and surely much gained) by beginning with peptonised milk and avoiding the always possible and often realized complications and relapses due to the accumulation of indigestible food in the intestinal tract.

MILK IS PEPTONISED EASILY WITH FAIRCHILD'S PEPTONISING TUBES—COLD OR HOT PROCESS.

*FAIRCHILD BROS. & FOSTER  
NEW YORK*

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# SANITARIUM FOR WOMEN.

155 Third Street, Memphis, Tenn.

The building is constructed after the most approved methods of modern sanitary science.

It is ventilated through a large open shaft in the center.

It is heated by the hot water system; no stifling hot air nor headache from steam.

It is newly furnished throughout.

Kind and skillful nurses in attendance day and night.

For further information,  
Address

**T. J. CROFFORD, M.D.**  
**MEMPHIS, TENN.**



## PEACOCK'S BROMIDES



### PEACOCK'S BROMIDES

The Purest Form of Bromides.  
Each fluid drachm represents 15 grains of the combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

DOSE: One to three teaspoonfuls according to the amount of Bromides required.

Full size sample to physicians who will pay express charges  
PEACOCK CHEMICAL CO., ST. LOUIS

### CHIONIA

From Chionanthus Virginica.  
Re-establishes portal circulation without producing congestion. Invaluable in all ailments due to hepatic torpor.

DOSE: One to two teaspoonfuls three times a day.

## CHIONIA

## CACTINA PILLETS

Has many Advantages over other  
Heart Stimulants

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA.

Dose:

One to four pillets three times a day

SAMPLES MAILED TO PHYSICIANS ONLY

## SENG

Promotes Normal Digestion by encouraging the flow of Digestive Fluids  
A Most Successful Treatment for INDIGESTION

A palatable preparation of PANAX SCHINSENG in an aromatic essence

DOSE: One to two teaspoonfuls three times a day

A full size bottle, for trial, to physicians who will pay express charges

SULTAN DRUG COMPANY, St. Louis, Mo., U. S. A.

# LISTERINE

The standard antiseptic for both internal and external use.

**NON-TOXIC, NON-IRRITANT, NON-ESCHAROTIC—Absolutely Safe, Agreeable and Convenient.**

LISTERINE is taken as the standard of antiseptic preparations:

The imitators all say, "It is something like LISTERINE."

BECAUSE of its intrinsic antiseptic value and unvariable uniformity, LISTERINE may be relied upon to make and maintain surgically clean—aseptic—all living tissues.

IT IS AN EXCELLENT and very effective means of conveying to the innermost recesses and folds of the mucous membranes, that mild and efficient mineral antiseptic, boracic acid, which it holds in perfect solution; and whilst there is no possibility of poisonous effect through the absorption of LISTERINE, its power to neutralize the products of putrefaction (thus preventing septic absorption) has been most satisfactorily determined.

*A special pamphlet on catarrhal disorders may be had upon application.*

For diseases of the uric acid diathesis:

## LAMBERT'S LITHIATED HYDRANGEA

A remedy of acknowledged value in treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing:

**LAMBERT PHARMACAL CO., SAINT LOUIS**

*Be assured of genuine Listerine by purchasing an original package.*

## DISEASES OF THE RECTUM

*Dr. B. G. HENNING,*

Professor Theory and Practice of Medicine,  
Memphis Hospital Medical College.  
Clinical Instructor in Diseases of the Rectum,  
Memphis Hospital Medical College.  
Consulting Physician, St. Joseph's Hospital.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

Is prepared to treat all diseases of the rectum at St. Joseph's Hospital, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send rectal cases away from home for treatment, may feel assured that the same will receive every necessary attention.

For particulars address

**B. G. HENNING, M.D.,**

Long Distance Telephone 478.

299 Main St., MEMPHIS, TENN.

**During the session of the Memphis Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.**

## MEDICAL NEWS AND MISCELLANY.

Dr. P. R. Brown, of Eupora, has removed to West Point which he will make his home.

Dr. J. C. Butler, of Fuller, is now residing at Summerland.

The *Boston Medical and Surgical Journal* has recently celebrated its seventy-fifth anniversary. During all these years there has been a continuous weekly issue without intermission, surely a notable performance.

Permanent organization of the corporation of the Vicksburg Infirmary was effected at a stockholders meeting held February 26. Dr. R. A. Quin was elected president, Dr. E. F. Howard secretary and Mr. W. S. Jones, Cashier of the Merchants National Bank of Vicksburg, treasurer. The Board of Directors consists of Rev. Father McConkey, Mr. Ed. Klaus, Dr. H. H. Haralson, Dr. B. B. Martin, Dr. J. H. Purnell, Dr. Jos. Waldauer and Dr. H. B. Wilson, the president and secretary being members *ex officio*. Dr. Purnell was elected Superintendent of the Infirmary. The By-Laws of the corporation provide that "The Infirmary shall be open to all reputable physicians, who shall have absolute control of their patients and the nurse attending."

Whooping Cough is a disease of the nervous system, which is characterized by a convulsive strangling Cough or whooping Respirations. The Cough is sometimes so severe that the Patient turns purple with the effects of suffocation. A hot bath is oftentimes very beneficial, but no Physician should begin the treatment of a case without the aid of Daniel's Conc. Tr. Passiflora Incarnarta. It allays irritation, quiets the nervous system, gives natural rest, and removes the causes that make it disagreeable and dangerous to the Patient and obstinate of control to the Physician.

Pepsin is undoubtedly one of the most valuable digestive agents of our *Materia Medica*, provided a good article is used. Robinson's Lime Juice and Pepsin, (see page 2 this number) we recommend as possessing merit of high order.

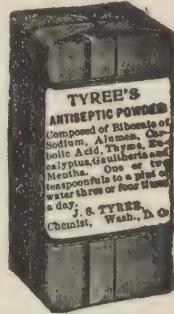
The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested, before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from Pepsin.

# Doctor, Does this Interest You?

A powder, very inexpensive, which, when dissolved in water, makes a pleasant, non-irritating, non-poisonous lotion, not staining the linen, and which has a

## SPECIFIC ACTION

against those peculiar pathogenic germs which infest the genito-urinary organs (male as well as female); hence is a never-fail-remedy for



## LEUCORRHEA GONORRHEA and GLEET

If intelligently used according to directions, it will CURE all cases, including the acute cases and the stubborn chronic ones as well.

Also very effective in Pruritus of the genital regions.

The formula is given, and the preparation is advertised in a strictly ethical way to the medical profession only.

A 2-oz. box of Pulv. Antiseptic Comp. (enough to make two gallons of antiseptic lotion) will be sent, once only, for 10 cents, if you mention this journal. (This would make about seven dollars' worth of the usual bottled antiseptic solutions.)

This is all pure capital—you pay for no water. You can take it with you—no liquids to carry.

## J. S. TYREE, Chemist, WASHINGTON, D.C.

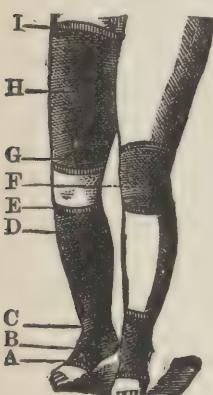
## FLAVELL'S ELASTIC TRUSSES.

Can be Worn Day and Night.



### PNEUMATIC PADS

Give circumference of Abdomen on line of Rupture. State if for Right or Left.



### ELASTIC STOCKINGS.

Give exact Circumference and length in all cases.

#### NET PRICE TO PHYSICIANS.

|        | Stout  | Fine   |        |
|--------|--------|--------|--------|
|        | Silk   | Silk   | Thread |
| A to E | \$2.50 | \$2.00 | \$1.50 |
| A to G | 4.25   | 3.50   | 2.50   |
| A to I | 6.00   | 5.00   | 4.50   |
| C to E | 1.50   | 1.25   | 1.00   |
| E to G | 1.50   | 1.25   | 1.00   |
| A to C | 1.50   | 1.25   | 1.00   |

Goods sent by Mail upon receipt of price. Safe delivery guaranteed.

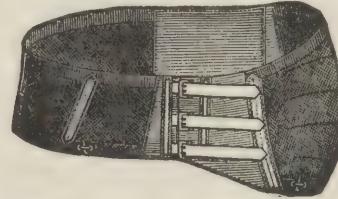
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## ABDOMINAL SUPPORTER

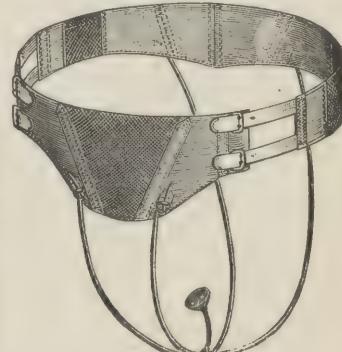
Give exact circumference of abdomen at K, L, M.



.....M  
.....L  
.....K

Silk Elastic ..... \$3 25  
Thread Elastic ..... \$2 50

## FLAVELL'S UTERINE SUPPORTER.



Net Price to Physicians, \$2.50.

Give Measure 2 inches below  
Navel.

State if for Prolapsus, Retro-  
version or Anteversion.

Extract from an article entitled "The Heart in Typhoid and Malarial Fevers" by Dr. S. Aug. Freund, Berlin, Germany, in November number *Medical Brief*:

Have I a case of fever? Then I do not lose sight of the enteric disorder; and yet with my thoughts upon that, I still remember that there is a heart that is liable, at any hour, to complicate matters. That heart calls for the bromidia. It prevents the irritation, the poisoning. It cures the irritation, the poisoning. I cannot dispense with it. How did I learn this? Partly (as I have outlined) by experiment, and partly by surgical experience. What do I mean by surgical experience? This: It is after the shock, after the operation maybe, after the fever invades. What is that which we say? "All will go well, unless heart failure should ensue." We all know that expression. It is heard every day. But since I began to employ bromidia for the pain, this has been eliminated. I never dread "heart failure" when I administer bromidia in my surgical cases. This is tantamount to saying that I never dread and never fear it, as in all surgical cases, without an exception, I give bromidia. Having had such results there, there should be no need to ask where the principal lesson was learned in this matter of the fevers. I would not treat a surgical case and omit bromidia. I would not treat typhoid or typho-malarial fever, and omit bromidia.

#### **Antiphlogistine vs. Pneumonia.**

How does Antiphlogistine abort pneumonia, and farther, how does Antiphlogistine resolve pneumonic consolidation? These queries are very often made by acute observers who have attended case after case of pneumonia with favorable termination under the influence of Antiphlogistine.

The action of Antiphlogistine is dependent upon well defined physiological laws—that most important reflex association exists between the vessels of the skin and the underlying tissue; that, when the superficial blood vessels dilate, the deep seated ones contract. Continuous stimulation of the cutaneous reflex maintains continued relief by persistent contraction of vessels in the inflamed area of lung tissues. Such governing action prohibits extension of the products of inflammation through infiltration by affecting rapid absorption and elimination of toxines. The infected area becomes self-limited as the adjacent blood vessels supply well aerated blood to compensate for the surcharged venous blood due to pulmonic consolidation. Under reflex control Antiphlogistine resolves hepatization of lung tissue and through osmosis and dialysis assists the superficial blood vessels and lymph spaces to drain the hyperaemic parts by direct capillarity. Lessened blood pressure prevents administration of whipping medication to the over burdened heart.

# TWO EXAMPLES

## OF THERAPEUTICAL MERIT: OF INTEREST TO PHYSICIANS

### Pil. Antiseptic Co.

WARNER

|         |                  |   |          |
|---------|------------------|---|----------|
| FORMULA | Sodium Sulphite, | - | 1 gr.    |
|         | Salicylic Acid,  | - | 1 gr.    |
|         | Pv. Capsicum,    | - | 1-10 gr. |
|         | Pepsin Conct',   | - | 1 gr.    |
|         | Ext. Nuc. Vom.   | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

Specify "Warner & Co." when prescribing.

We make the most soluble Hypodermic Tablets offered; Send for a specimen.

WM. R. WARNER & CO.,

Philadelphia, Chicago,  
New York, New Orleans.

### Pil. Chalybeate Co.

WARNER

|         |                   |   |        |
|---------|-------------------|---|--------|
| FORMULA | Mass. Chalybeate, | - | 2½ gr. |
|         | Ext. Nuc. Vom.    | - | ½ gr.  |
|         | M. Ft Pil. No. j. |   |        |

SUGAR COATED ONLY PINK TINT

The best method for the administration of iron in an assimilable form to which is added the tonic effect of the Nux Vomica.

Specify "Warner & Co." when prescribing.

# THE NEW YORK POLYCLINIC

Medical School and Hospital.

Chartered by the University of the State of New York. The Oldest Post Graduate School in America. Organized in 1861. Opened in 1882.

The New York Polyclinic is a school for teaching graduates the most recent methods of diagnosis and treatment in every department of medicine. The clinical material is abundant, and the hospital wards adjoin the lecture rooms. Since the fire in 1896, a new building has been erected and thoroughly equipped and the Institution is now prepared to offer better facilities than ever. Students may enter at any time.

#### FACULTY.

Surgery:—Charles H. Chetwood, M. D.; Robert H. M. Dawbarn, M. D.; W. R. Townsend, M. D.; James P. Tuttle, M. D.; John A. Wyeth, M. D.  
Medicine:—Isaac Adler, M. D.; Morris Manges, M. D.; W. K. Katzenbach, M. D.; W. W. Van Valzah, M. D.  
Gynecology:—J. Riddle Goffe, M. D.; Wm. H. Pryor, M. D.; Brooks H. Wells, M. D.; Robt. H. Wylie, M. D.; W. Gill Wylie, M. D. (Emeritus.)  
Pediatrics:—August Seibert, M. D.  
Dermatology:—Edward B. Bronson, M. D.; Andrew R. Robinson, M. D.  
Ophthalmology:—R. O. Born, M. D.; W. E. Lambert, M. D.; David Webster, M. D. (Emeritus.)  
Laryngology and Rhinology:—B. Bryson Delauan, M. D.; Joseph W. Gleitmann, M. D.; Robert C. Myles, M. D.; Francis J. Quinlan, M. D.  
Otology:—Frederick Whiting, M. D.  
Neurology:—B. Sachs, M. D.  
Obstetrics:—Edward A. Ayers.

FOR FURTHER INFORMATION, WRITE TO

DR. W. R. TOWNSEND, *Secretary.* 214 East 34th St., NEW YORK.

*American Medicine*, April 5th, 1902, gives an abstract from *Archiv. fur Kinderheilkunde* on the bacteriology of scarlet fever:

"In 411 cases, smears from the pharynx showed the presence of streptococci in short and long chains, almost constantly associated with other cocci, particularly the pneumococcus, staphylococcus and other diplococci; at times with yeasts, lepto-thrix, spirochetae and sarcinae. In 22 the diphtheria bacillus was also present. In 138 cases culturally examined, streptococcus was found in all but four, in mixed culture. The lumbar fluid in the two examined cases contained streptococci, as did also the urine. From the autopsy material studied, the streptococcus was isolated in every instance and nearly always in pure culture. The virulence of the organism was most variable, but by passage it was possible to intensify it greatly. Agglutination with the blood serum of children just convalescing from scarlet fever was not obtained. Attempts were made to protect animals against the streptococcus by injecting the emulsions of organs, such as the spleen, liver, brain, kidney and bone-marrow, without any result. The injection of sterile blood serum from convalescent patients seemed in two instances to prolong life; in four it was entirely ineffectual. The article contains no conclusions regarding the relationship of the streptococcus to the disease."

*The Journal of the American Medical Association* takes the following from *Semaine Medicale*:

"TRAUMATIC SCARLET FEVER.—De Bovis has collected 147 cases of traumatic scarlet fever; 80 per cent. of the patients were under 15 years of age and two-thirds of the total number were males. Many of these cases were evidently merely ordinary scarlet fever occurring in a person who had been wounded in some way, but a large proportion remains in which the scarlet fever was evidently the direct result of the traumatism. This form differs from the first by its shorter incubation, the insignificance of the sore throat, the smaller proportion of young children and the earlier appearance of desquamation, but more than all by the development and spread of the eruption. It usually starts in the peripheral wound and thence spreads like a lymphangitis, finally invading the entire cutaneous surface. This course is extremely abnormal if we assume that the infection occurs by the usual route, but it is easily explained by the penetration of the scarlet fever germs through the portal of entry afforded by the wound. The scarlet fever in this case is isolated. It may transmit the disease and start an epidemic. A traumatism evidently engenders a peculiar receptivity to scarlet fever infection, which surgeons should bear in mind in operating after contact with scarlet fever patients."

From *Medical News*, New York.

**Gude's Pepto-Mangan the Standard.**

Iron preparations spring up like mushrooms in the night. The one backed by clinical evidence in hospital practice is the old stand-by GUDE'S PEPTO-MANGAN, which is the standard of known worth and which gives positive results.

*The Dietetic and Hygienic Gazette* commenting upon the dietetic value of iron, says:

"Pathologists have given pointers as to the special condition of the iron in the system and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's Pepto-Mangan. It is probably the nearest approach to a physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels."

Aviragnet (*Gaz. Med. Belge.*, 1901) finds that some oily substance with some antiseptic applied to the nose and throat in scarlet fever will give considerable comfort. Either menthol and boric acid in petrolatum or resorcin may be used as the antiseptic. Another preparation which he has found valuable is resorcin in sterilized olive oil, with a few drops of mint.—*Internat. Med. Mag.*

During scarlet fever a tepid sponge-bath should be given twice daily, followed, when there is itching or desquamation, by inunction from head to foot with carbolized vaseline, lanolin, cold cream, cacao butter, eucalyptus oil or the following:

|   |            |   |   |              |             |            |
|---|------------|---|---|--------------|-------------|------------|
| R | Olei Olivæ | - | - | -            | -           | 3 <i>i</i> |
|   | Lanolini   | - | - |              |             |            |
|   | Vaselini   | - | - | aa.—q. s. ad | 5 <i>ii</i> |            |

M.

One or two per cent. of menthol added to this will generally relieve itching.—"ACUTE INFECTIOUS EXANTHEMATA." Corlett.

Scarlatina and Turpentine.—A few years ago two Spanish physicians reported an intense case of scarlatina which they treated with success by hypodermatic injections of essence of turpentine. Acting upon this suggestion Tobeitz of Gratz employed it in his clinic. The hypodermatic use proving painful and prone to cause abscesses, it was abandoned in favor of mouth administration. The total daily dose was fifteen to twenty drops, the best vehicle being milk. Its special efficacy, as observed in about a hundred cases, is against the renal complications, so that albumenuria is rare.

—*Medical News.*

"The coinage of new words and new degrees continues to amaze the poor lexicographer. He can hardly keep step with the advance guard of scientific workers, but he cannot come within sight or sound, at least of understanding, of those of the cranks. It is a strange delusion of the ignorant that by the use of ill-formed, unnecessary, nonunderstandable, and highfalutin words they can make people still more ignorant than themselves believe that something great and novel and mysterious is going on or to be bought. Circulars lie before us as we write of a strange institution which promises to teach its students "mentalogy" for \$50. The "first section" of "mentalopathy" will be taught, "including all laboratory expenses," for another \$50, and the "second section" for a third \$50. "Psycho-theology" requires another \$50, and so on. For degrees and diplomas in all the departments, \$300 is asked. These degrees and diplomas are, in mentalopathy, "Men. B." and "Men. D." "Log," is that for "Logic;" in Mentalogy, M.Ph.D.; in "psycho-theology," P.T.D.; in "ethics," that of E.D. When was the original degree of D.F. conferred?"—*American Medicine*.

NEW ORLEANS POLYCLINIC.—Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information address NEW ORLEANS POLYCLINIC, POSTOFFICE Box 797, NEW ORLEANS, LA.

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#### An Old Friend's Endorsement.

In the "Reference Book of Practical Therapeutics" compiled by our old friend, Frank P. Foster A. M., M. D., editor of *The New York Medical Journal*, we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgetic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart." We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after-effects of this most excellent remedy. We feel that the statement applies not only to Antikamnia Tablets, but to any of the tablet specialties offered to the medical profession by The Antikamnia Chemical Company, of St. Louis, Mo. Physicians desiring samples should write to this company for them and they will be forwarded promptly, particularly if they mention "MISSISSIPPI MEDICAL RECORD."

THE BEST RE-CONSTRUCTIVE—  
**Phillips' Phospho-Muriate of Quinine,**  
COMPOUND.

(The Soluble Phosphates with Muriate of Quinine, Iron and Strychnine.)

Permanent.—Will not disappoint. **PHILLIPS'**, Only, is Genuine.

THE CHAS. H. PHILLIPS CHEMICAL CO., New York.

Vol. VII.

MAY 1903.

No. 5.

# MISSISSIPPI MEDICAL RECORD.

PUBLISHED MONTHLY

— AT —

VICKSBURG,

MISSISSIPPI.

Entered at the Postoffice at Vicksburg, Miss., as Second-class Matter.

## Fairchild's Essence of Pepsine

is an extract of the gastric juice obtained directly from the fresh stomach glands.

It contains all the essential organic and inorganic soluble constituents of the gastric juice—the enzymes in their native nucleo-proteid form and in their natural association.

It is a clear, bright solution, devoid of all suggestion of animal origin; is highly agreeable, carminative and stomachic, and these qualities enhance the therapeutic effect of the gastric principles themselves.

Fairchild Bros. & Foster  
New York

CROFFORD'S

# SANITARIUM FOR WOMEN.

155 Third Street, Memphis, Tenn.

The building is constructed after the most approved methods of modern sanitary science.

It is ventilated through a large open shaft in the center.

It is heated by the hot water system; no stifling hot air nor headache from steam.

It is newly furnished throughout.

Kind and skillful nurses in attendance day and night.

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Re-establishes portal circulation without producing congestion. Invaluable in all ailments due to hepatic torpor.

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SAMPLES MAILED TO PHYSICIANS ONLY

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A Most Successful Treatment for INDIGESTION

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Consulting Physician, St. Joseph's Hospital.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

Is prepared to treat all diseases of the rectum at St. Joseph's Hospital, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send rectal cases away from home for treatment, may feel assured that the same will receive every necessary attention.

For particulars address

**B. G. HENNING, M.D.,**

**Long Distance Telephone 478. 299 Main St., MEMPHIS, TENN.**

*During the session of the Memphis Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.*

By S. E. Fowler, M.D., M.E., Ph.D.,

Kansas City, Mo.

It has been remarked by more than one writer that there seems to be a tendency on the part of the progressive members of the medical profession to indulge in an interchange of ideas in regard to new pharmaceutical products that may be offered to the profession from time to time. This is as it should be I think, for it is by such interchange of ideas and experience that we arrive at our conclusions as to the merits or demerits of any particular preparation. 'Tis true as has been stated before this one man cannot test all the new preparations, but while one man is testing one preparation others are testing other preparations and if the experience of all was brought together and made available it would result in much good for the profession at large.

I know of no better way to get such matter before the reading, thinking members of the profession than through the medium of the medical press and would suggest to practitioners that when they have thoroughly tested a new remedy or pharmaceutical product and have found it efficacious to indite an article on same to some good medical publication, giving their experience with same, thus giving the profession in general the benefit of their observation and experiments.

Following the line that I am advocating I wish to call attention of the profession to a preparation with which I have been having excellent success. It is a fact admitted by the majority of the profession that where a nutritive reconstructive is indicated, more especially in patients of a tuberculous diathesis, the remedy par-excellence is some preparation of cod liver oil very often preferably in combination with the hypophosphites of lime and soda.

The majority of the preparations of cod liver oil are so unpleasant to take that they are not tolerated by weak stomachs. But there is one preparation of cod liver oil I am pleased to say, that I have used very extensively in my practice that is not open to this serious objection as it is a pleasant preparation to take and produces no nausea even with the most delicate patients. I refer to cord. ol. morrhuae comp. (Hagee). I have been using it in my practice for some considerable time and always with good results. A few cases of which I will make mention.

Mrs. O. H., 33 years old; mother of four children. Her mother had died of consumption (presumably). Had been in poor health since birth of last child, two years previous to calling on me. Very anaemic and considerable cough. Had been told by her family physician that she had consumption. Upon examination I found no serious lesion of lungs. I prescribed cord. ol. morrhuae. (Hagee) in maximum dosage

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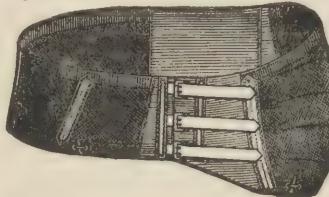
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with vapor bath and oil rub twice weekly. A very noticeable improvement at the end of first week. I ordered a continuance of the same treatment and at the end of three months patient reported that she had gained twenty-three pounds in weight. Cough entirely gone, and general health as good as it had ever been.

Case 2.—Mr. J. R. T., 42 years old, Anaemic, profuse night sweats, appetite poor, bowels very irregular, severe pains at times in left lung, but very little cough. Prescribed cord. ol. morrhue comp, (Hagee) which treatment was kept up for two months with the result that he entirely regained his usual health.

Case 3.—Mattie C., 12 years old; poor recovery from an attack of la grippe occurring about a year previous to calling on me. Considerable cough and pains in chest. Prescribed cord. ol. morrhue comp. (Hagee) which treatment was kept up for three months when patient was discharged entirely well.

*Meddlesome Midwifery* is responsible for many of the complications distressing and dangerous to the parturient woman, but one of the most objectionable forms of meddlesomeness is the premature vaginal douching. Unless the cavity of the uterus has been invaded by the hands or instruments (and it is exceptional for such invasion to be needful) nature is the best sterilizer and the blood in which the wounded womb and all the parts are bathed is the best protector against infection.

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|         | Pv. Capsicum,    | - | 1-10 gr. |
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Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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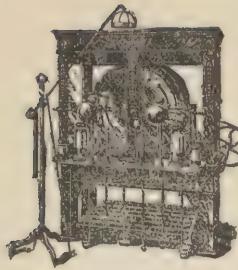
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This is to certify that I have used Sanmetto extensively in my practice and can recommend it in chronic cystitis and chronic urethritis. I have used it in pre-senile impotence with remarkable and brilliant results. I regard the remedy, after making crucial clinical tests in the above named diseases as the *sine qua non* of all the remedies in these diseases.

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**Sanmetto for Kidney, Bladder and Prostatic Troubles in the Old War Veterans.**

I ordered a bottle of Sanmetto to use in a case of prostatitis, age seventy-six years, a veteran of the civil war and an old pensioner. He has used two bottles besides the one first ordered *and he has now completely recovered.* His statement of these facts in a G. A. R. Post meeting excited an intense interest among Grand Army men and has resulted in several letters of inquiry to myself regarding the treatment of his case. I take pleasure in giving this testimonial of the good Sanmetto will accomplish in these difficult cases of prostatitis, gravel and kidney trouble among Grand Army men. I unhesitatingly prescribe Sanmetto in every case indicated.

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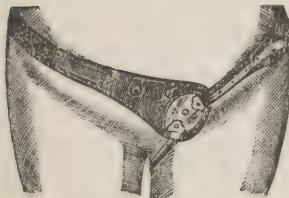
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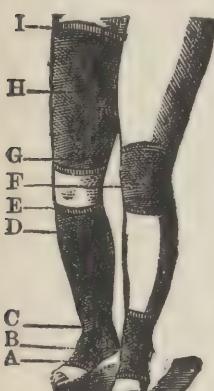
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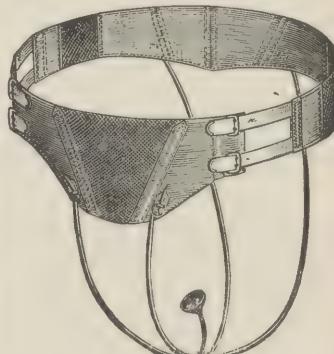
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sipelas must be directed almost entirely to the constitutional derangement, the local disturbance being only evidence, as a general rule, to a morbific principle in the blood, the most successful treatment consists in annihilating this morbific principle. Ethol, being an anti-morbific or corrector of depraved conditions of the blood and tissues, is indicated in this disease. When I am called to see a case of erysipelas, I usually begin the treatment with a Saline laxative, ordering Ethol, 12 ounces, teaspoonful every two, three, or four hours, according to the severity of the case. In all cases of erysipelas as proven by external heat, redness, swelling, pain, etc. various local applications have been vaunted as excellent or superior, but as a rule nothing will equal the application of a saturated solution of Sodium Sulphate, with eethol, 1 ounce, to the pint, and margins of the inflamed area marked with strong-officinal-Iodine Tincture. At the same time we may give internally, alternating with eethol, Iron and quinine in various quantities. While I do not believe in routine practice, I have for the last two years followed the line of treatment as outlined above in 14 cases of erysipelas with success.

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The preparations of "PEPSIN," made by Robinson-Pettet Co., are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house. (See page 2.)

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Pain is the greatest instrument of torture with which the practitioner has to contend. It is the one symptom to which the laity attach the utmost importance. Absence of pain is to the patient always suggestive of improvement. Its presence especially in uterine affections causes apprehension of operation and for relief of those cases who will not submit to operation and in inoperable conditions, Antiphlogistine strongly recommends itself, not only as a palliative measure but an excellent remedial agent. This fact has been successfully demonstrated by the gynecologist. Its value in

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| FORMULA | Pv. Capsicum,    | - | 1-10 gr. |
|         | Pepsin Conc't,   | - | 1 gr.    |
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Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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acute and chronic conditions of the ovary and uterus is prompt, permanent and certain.

Two different methods of application are permissible, each exercising a different function in therapeutics.

During menstruation the introduction of any medicinal agent into the vagina is contra-indicated and at this period the pain of catamenial irregularities can best be controlled by applying Antiphlogistine over the abdomen warm and thick and covering with cotton and a compress. This practice persisted in for several periods prevents headache, lumbar pain and other vicarious concomitant symptoms. Many women who have been physically incapacitated for a day or two each month have been permanently relieved by systematic use of Antiphlogistine at each menstrual illness. A potent influence is exerted over the sympathetic system which is so intimately associated with the physiological functions of the uterus that efferent stimulation neutralizes afferent irritation.

In the interval between menses, Antiphlogistine is successfully applied to the cervix of the uterus in the following manner: Make a small gauze sack and fill it with Antiphlogistine slightly larger in volume than the ordinary cotton tampon. Tie a string around the improvised sack and pass the Antiphlogistine tampon with a dressing-forceps through the vaginal speculum to the os of the uterus, molding around the cervix. Through the induction of osmosis and dialysis of inter-cellular fluid, intra-mural tension is quickly reduced, local analgesia and undisturbed cervical drainage follow. For relief of a patulous uterus, the indurated cervix of endometritis and all irregularities of menstruation including amenorrhoea and dysmenorrhoea, this treatment is far superior to the ordinary glycerine tampon, rendering marvelous results to the clinician and patient.

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Believing that the bar in the way of the profession, in the use of opium, is its tendency to evil after-effects, and the harum-scarum idea that a little opium will induce the habit, and these terrible concomitants (?) I wish to call their attention to a preparation that I have long been using, and have not yet seen one case in which the habit was formed, nor ever had any complaint as to evil after-effects. This remedy is papine, a preparation of opium from which the

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narcotic and convulsive elements have been removed, rendering it a safe remedy for children, as well as for those of mature age. Up to a year ago I always gave chlorodyne tablets and viburnum for after-pains. Then I came across a case that refused to yield to them in the time I was accustomed to have them do so, and I concluded to try papine. Its results, to make the story short, were such that I now never give anything else for after-pains, and they yield in about half the time that was required with the above named remedies.

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#### **The New Method of Treating Typhoid Fever.**

---

##### **Benzoyl-Acetyl Paroxide, or Acetozone as an Intestinal Antiseptic, in Typhoid Fever.**

Frederick G. Harris of Chicago, (*Therapeutic Gazette*, March, 1903) reports 128 cases of typhoid fever treated in Cook County Hospital, Chicago, with Acetozone. The cases first admitted seemed to admit that the epidemic was of a mild form, but later the disease proved to be of a severe type and complications were numerous. The author obtained the most satisfactory results with aqueous solutions of 15 grains to the quart which the patients were urged to use very freely to quench the thirst, while in addition four to six fluid ounces of the solution was given every four hours as a therapeutic measure. The movements of the bowels were regulated with sodium phosphate or magnesium sulphate.

The temperatures of the patients, on admission, were high, as a rule. In 117 cases under the Acetozone treatment the average duration of the fever was 18 days.

The number of recoveries was 117, or 91.4 per cent., while 11 patients died, a mortality of 8.59 per cent.; statistics of the cases of typhoid fever in the same hospital (Cook County) not treated with Acetozone shows a death rate of

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13.1 per cent. The author is of the opinion that under the Acetozone treatment, in favorable cases, the duration of the disease was materially shortened, and the most disagreeable symptoms were ameliorated. He declares that the characteristic fetor of the stools and the peculiar odor of the wards was greatly diminished; there was less stupor and delirium and less tympanites, and, the usual diarrhea was checked. An average of 138.12 grains of Acetozone was used in each case. Finally he reaches the conclusion that when cases can be seen during the first week of the attack and large amounts of Acetozone given, assisted by a gentle laxative, the temperature will return to the normal in from ten to twelve days.

Four cases of typhoid fever, in which Acetozone was employed with satisfactory results, were reported by Charles Emil Brack, of Baltimore, (*Medical Age*, January, 25.) In each case the treatment consisted in the use of Acetozone in Solution. The first three patients, adults received 30 grains of the drug per diem: the fourth, a child of 4 years, received 8 grains each 24 hours. Prompt recovery occurred in each case.

James Billingslea, of Baltimore, (*Atlanta Journal-Record of Medicine*, February, 1903) reported 25 cases of typhoid fever treated with Acetozone. The diagnoses were confirmed by board-of-health examinations. The treatment consisted in clearing the bowels thoroughly by means of calomel. Liquid diet was prescribed and cold or sponge baths were used as the occasion required. The special treatment consisted in shaking 15 or 20 grains of Acetozone powder with one quart of water, allowing the residue to subside. The patient was given the clear solution to drink freely, the whole amount of one quart being taken during the twenty-four hours. The writer suggests that one quart of the Acetozone solution may be mixed with three parts of milk if thought desirable. The Acetozone will be materially aided by the use of a mild saline laxative.

He found that the feces soon lost their disagreeable odor by this treatment, and cold baths were required to a much less extent than with any other treatment. Furthermore, nurses universally affirmed that they found patients under this treatment easier to care for. No evil effects were noted from the use of Acetozone.

A further contribution to this subject appears from the pen of J. J. Driscoll, of Chicago, (*The Kansas City Medical Index-Lancet*, January 1903) who relates his experience in six cases. He found that Acetozone reduces the temperature, shortens the duration of the disease materially, while it does not seem to have any ill effects on the heart. The feces are completely deodorized in 36 to 48 hours and tympanites rapidly disappear.

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Vol. VII.

JULY 1903.

No. 7.

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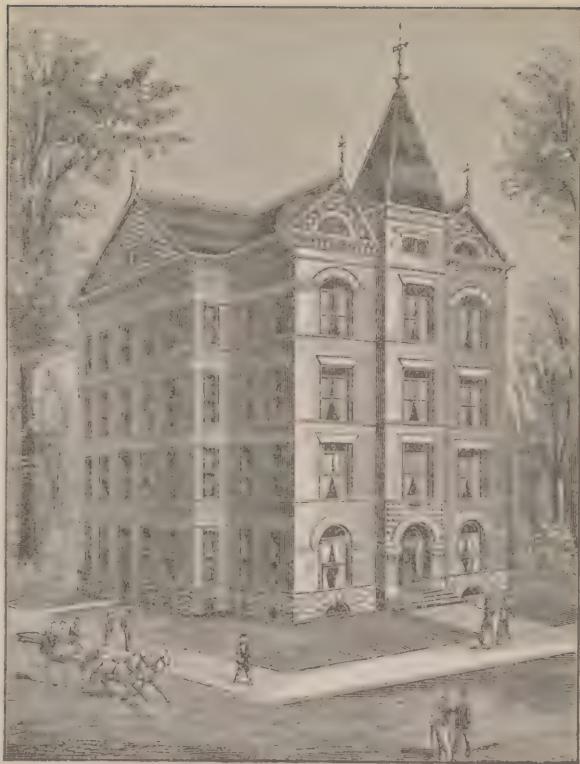
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During the session of the Memphis Hospital Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.

That malaria in the negro is not to be considered lightly is shown by the following table which rather contradicts the ideas of some of our southern practitioners.

“COMPARATIVE MORTALITY FROM MALARIAL FEVER.  
U. S. CENSUS OF 1900, REGISTRATION AREA, RATES PER 100,000 OF POPULATION.

| Ages. | Whites. | Colored. | Birthplace of Mother. |          |        |         |
|-------|---------|----------|-----------------------|----------|--------|---------|
|       |         |          | Germany.              | Ireland. | Italy. | Poland. |
| 15—24 | 4.2     | 48.7     | 4.7                   | 4.3      | 3.7    | 1.5     |
| 25—34 | 3.2     | 32.6     | 3.6                   | 3.2      | 5.4    | 1.6     |
| 35—44 | 3.0     | 34.3     | 3.6                   | 2.4      | 1.5    | —       |
| 45+   | 8.2     | 77.4     | 10.5                  | 13.3     | 12.0   | 3.2     |

While malarial fever is not an important cause of death in the large majority of American cities, the mortality from this cause in the South is very considerable, while the disease prevalence even in some cities of the North is at times of very large extent. The striking fact of this table is the evidence of a very large mortality from malarial fever among the colored population, the rate of ages 25—34 being 32.6 for the colored against 3.2 for the native whites and for no other element of the population do the rates even approximate the excessive mortality of the colored from this class of diseases. In curious contrast, we meet with a very low mortality from this cause among the Polish population, while even for the Italians, coming from a land where the disease is exceedingly common, the rates are not excessive.”

CHEMICAL FOOD is a mixture of Phosphoric Acid and Phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. The Robinson-Pettet Co., to whose advertisement (on page two) we refer our readers, have placed upon the market a much improved form of this compound, “ROBINSON’s PHOSPHORIC ELIXIR.” Its superiority consists in its uniform composition and high degree of palatability.

Many people cannot take Opium at all on account of the symptoms produced by its administration. Its principles for this reason are not desirable. Pain of a neuralgic character and origin and also that resulting from inflammatory processes may be treated successfully with Daniel’s Conc. Tr. Passiflora Incarnata. It produces no unpleasant results, relieves pain of every character and arising from every cause, and a single instance is yet to be observed in which it did not act well, promptly and happily.

Hill’s Reference Chart of Diseases of the Nervous System and Muscles will be found a great convenience to any physician. As an aid to diagnosis it is invaluable. How to get it? See the upper half of advertising page four in this issue. It will cost you only the trouble of writing for it and the expense of a postal card. This is a *bona fide* offer, as are all the offers of the Antikamnia Chemical Company, and as such there is no string attached.

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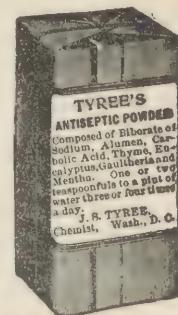
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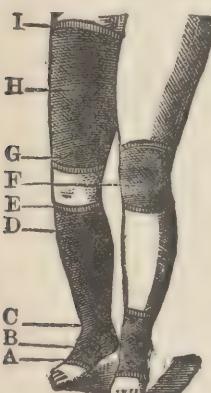
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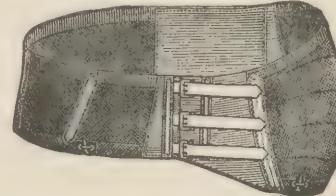
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Give exact circumference of abdomen at K, L, M.



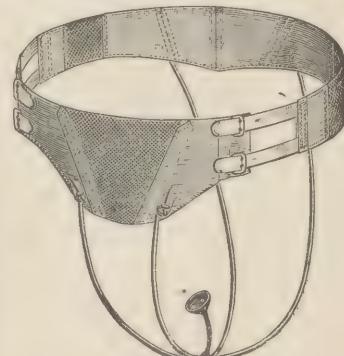
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.....L

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Give Measure 2 inches below  
Navel.

State if for Prolapsus, Retroversion or Anteversion.

Net Price to Physicians, \$2.00

## **Unscrupulous Quacks and their Methods of Advertising So-called Infallible Consumptive Cases.**

Unfortunately, the press serves for the advertising of the many "absolutely sure consumptive cures", which are from time to time put on the market by unscrupulous quacks. I am nevertheless sanguine enough to hope that in time the better class of newspapers will, in the interest of the community at large, no longer extend the hospitality of their columns to such dangerous advertising matter, especially when it is protested against by the intelligent reader. How many poor consumptives have lost their last little reserve fund by giving everything they had for a dozen bottles of the "sure and quick cure" only those who come in contact with them know. How unscrupulous some of these charlatans are in their method of procuring certificates of cure, which they then publish as bait to the unfortunate help-seeking sufferer, is something which can hardly be believed. Let me tell you of one instance:

A poor woman in the last stages of consumption came to me seeking advice. When asked for the name of her former medical attendant, she confessed that she had been treated for a number of weeks by a quack concern, and now, her means being exhausted, she was made to understand that they would not continue to treat her unless she would give them a certified testimonial that she had been thoroughly cured of her disease, which had been pronounced an advanced case of consumption by prominent physicians. This poor sufferer had not derived any benefit whatever from the treatment, and as a result her conscience would not permit her to become a partner to such fraudulent procedure.—S. A. Knof M.D., *The Combat of Tuberculosis.*

---

### **Severe Reflex Pain.**

J. H. Tilden, M.D., of Denver, in the June number of the *Chicago Medical Times*, in an article advocating the use of tampons in gynaecological practice, reports, among others, a case which was characterized by severe reflex symptoms and which had not yielded to the treatment accorded by two other practitioners. Dr. Tilden's procedure was, the introduction of a glycerine tampon and the administration of antikamnia in ten grain doses (two five grain tablets) to relieve the pain. The tampon was removed each night at bedtime and followed with hot water injections. The patient on being discharged, remarked, that since following this treatment she could run the sewing machine without the usual pain and tired feeling.

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—OF THE—

## Tulane University of Louisiana

Founded in 1834, this is the oldest Medical College in the Southwest and has 3985 graduates and, at the last session, 426 students.

The next session, the seventieth, will begin October 22d. 1903 and will close May 5th. 1904 (28 weeks).

The corps of teachers—Professors, Lecturers, Instructors, Demonstrators, and Chiefs of Clinic number more than forty.

Since October, 1893, the College has occupied a very large and commodious new building, which provides all of the many requisites for modern medical education, including especially ample and well equipped Laboratories for Chemistry; for Pharmacy; for Practical Anatomy; for Microscopical Anatomy, Pathology and Bacteriology, for Operative Surgery and Minor Surgery, and working rooms for Practical Physiology, and for Gross Pathological Anatomy. These admirable Laboratories now added to the unrivaled practical advantages for Clinical, Anatomical and Pathological studies given by the great Charity Hospital will enable the Medical Department to provide its students with unsurpassed advantages for their medical education.

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The Professors of the Medical Department are given, by law, the use of the great Charity Hospital as a school of practical instruction and Medical students are admitted without payment of any hospital fees. The Charity Hospital contains nine hundred beds, the number of indoor patients annually admitted is about ten thousand and the number of visiting or outdoor patients exceeds twenty thousand. Its advantages for practical study, and especially of the diseases of the Southwest and of the negro race, are unequaled by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited daily by the respective professors and instructors, and all students are required to attend and to familiarize themselves *at the bedside of the patients*, with the diagnosis and treatment of all forms of diseases and injuries. The facilities for *genuine* clinical teachings are unsurpassed by those of any Medical College in the United States. An annex for children, containing two hundred beds, has recently been added.

The fees of the first and second year will amount to a total of \$135 for each year. The total of the fees for the four courses will amount to about \$580.

All fees except the graduation fee of \$30, are payable in advance. These fees are as low as are compatible with the *superior advantages given*.

Students and Graduates may select such special branches or partial course as each may desire.

Graduates and Students of this College, who have paid for all courses required, can continue to attend without payment of the professor's fees.

Graduates of other reputable Medical Colleges are charged only \$70 for the professor's tickets, and are thereafter given the same privileges granted to graduates of this College.

The total fees for the two courses required in Pharmacy amount to \$155, or about \$75 annually.

For further information and catalogue, address

**Prof. S. E. CHAILLE, M. D., Dean,  
P. O. DRAWER 261.** **NEW ORLEANS, LA.**

We are in receipt of the advance sheets of the July issue of the *Druggists Circular* containing the report of the joint committee from the American Medical Association and the American Pharmaceutical Association appointed to consider the advisability of establishing a Medical Bureau of Medicines and Foods. At the present time, when adulteration is an every-day stumbling block in the path of the practitioner and the preparations of even the most reliable of our manufacturing pharmacists will be found to vary somewhat, this step seems advisable. According to the plan of this committee, the proposed Bureau will examine and, if found satisfactory, endorse such preparations as are presented to them and the manufacturer will then be at liberty to affix to his packages a statement that this requirement has been complied with. The Bureau will then follow up this preparation, and examinations will be made from time to time in order to see that the manufacturer does not allow a decline in standard or purity.

Although this seems at first glance to be discriminating against many of our good friends whose products are all that money and skill can make them, it will be found to work ultimately to their advantage in that it will crowd out that class of manufacturer who makes his profits by substitution of inferior material. For it will be a matter of very little time when all physicians will use and order only those goods bearing the endorsement of the Bureau and will see that their prescription druggists do likewise. The manufacturer who substitutes will find no demand for his goods except from the retailer who tries to live outside the law and both will soon be boycotted out of business leaving a larger field for the better man. From a purely business standpoint, then, this Bureau should receive the support and assistance of the manufacturer who is not afraid to let the light of investigation be thrown upon his goods. By the physicians it will undoubtedly be supported, since it offers them a protection against unscrupulous dealers who consider that the reputations of their patrons among the physicians and the lives of those among the public at large are of no value as compared to the dollars that are put in their own pockets.

# TWO EXAMPLES

## OF THERAPEUTICAL MERIT: OF INTEREST TO PHYSICIANS

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|         | Salicylic Acid,  | - | 1 gr.    |
|         | Pv. Capsicum,    | - | 1-10 gr. |
|         | Pepsin Conc't,   | - | 1 gr.    |
|         | Ext. Nuc. Vom.   | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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We make the most soluble Hypodermic Tablets offered; Send for a specimen.

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| FORMULA | Mass. Chalybeate, | - | 2½ gr. |
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FOR FURTHER INFORMATION, WRITE TO

DR. W. R. TOWNSEND, Secretary. 214 East 34th St., NEW YORK.

**A NEW USE OF THE ANTRÆ, FRONTAL SINUSES, ETC.—**By Dr. Arthur Todd-White (*Brit. Med. Journ.*, April 25, 1903.) The author has observed a balloon filled with hot air (not gas), rise from the ground with a heavy car attached and believes that "the warm and therefore lighter air in the accessory sinuses, plays an important part in supporting the head, and taking the strain off the ligamentum nuchaæ and the muscles of the neck." He has evolved this idea himself, not having seen it anywhere in his reading.

[That there is a distinct connection between light headedness and "hot air" is a fact that has been widely recognized in this country for some time. Mr. Todd-White's idea as to cause and effect are, however, not those generally entertained here. Quite the reverse, indeed. Closer study of the subject will probably lead him to conclude, that "hot air" is much more certainly a result, than a cause of the light head. His claim for originality will, in all likelihood, pass without question.—Reviewer]—*Post Graduate.*

Disease and dirt are the demoniac twins of ignorance. Cleanliness is indeed Godliness. Mucous membranes inflamed and throwing forth unclean discharges should be flushed with pure warm water containing an alkaline, soothing, healing germicide. We have such in Tyree's Antiseptic Powder and this can safely be commended to the public by physicians. Catarrhal disturbances no matter whether located in the throat, nose, genito-urinary equipment or rectum can be promptly relieved by using the Tyree's Antiseptic Powder as directed on the box.

**THE TREATMENT OF DYSURIA AND RETENTION.—**"A writer in the *Texas Courier-Record of Medicine* advises the use of dilute nitro-muriatic acid in dysuria and retention of urine. He administers this remedy in 5 m doses every 15 or 20 minutes until free diuresis occurs. Its action is not explained. The author obtained excellent results from its use in ordinary cases of retention or strangury due to acute inflammation of the neck of the bladder."

**To CUT SURGEONS' BANDAGES.—**"L. W. Spradling (*Amer. Med.*, Apr. 4, 1903) suggests a convenient method for rolling and cutting bandages. Take the whole width and length of a piece of muslin or bandage material, roll it on the table into a tight roll the width of the material; hold the roll in the left hand and cut off end sections of the width wanted with a sharp knife, after sticking a pin through the section to be cut, which keeps it from slipping and unwrapping. In this way bandages are already rolled for emergency and do not ravel out."—*International Medical Magazine.*

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Choicest Norway Cod Liver Oil with the Soluble Phosphates.

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THE CHAS. H. PHILLIPS CHEMICAL CO., New York.

Vol. VII.

AUGUST 1903.

No. 8.

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The method of preparing the food is simplicity itself—first making a mixture, next keeping it warm for a certain length of time, then raising it to boiling point, or to only 165°-170° F.

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DOSE: One to three teaspoonfuls according to  
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Full size sample to physicians who will pay express charges  
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FROM Chionanthus Virginica.  
Re-establishes portal circulation with-  
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Each pillet represents one one-hundredth of  
a grain CACTINA, the active proximate  
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Promotes Normal Digestion by encouraging the  
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A Most Successful Treatment for  
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# Summer Complaint

**Listerine** is extensively employed in the treatment of various forms of DIARRHOEA occurring in children and adults. It is administered in doses of TEN DROPS to a TEASPOONFUL, as an antidote and corrective to the fermentative and putrefactive changes taking place in the contents of the alimentary canal.

In combating serious illness, it is doubly important to be assured that the patient is supplied with genuine *Listerine*, as the substitutes sometimes offered by the trade are generally of undetermined antiseptic strength and too often worthless for the purpose for which they are required.

A PAMPHLET ENTITLED:  
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MAILED UPON REQUEST.

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Professor Theory and Practice of Medicine,  
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Clinical Instructor in Diseases of the Rectum,  
Memphis Hospital Medical College.  
Consulting Physician, St. Joseph's Hospital.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

**Dr. Max Henning,**

Quiz Master Theory and Practice of Medicine,  
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Ass't. Demonstrator in Operative Surgery on  
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Are prepared to treat all diseases of the rectum at St. Joseph's, Presbyterian, or City Hospitals, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send rectal cases away from home for treatment, may feel assured that the same will receive every necessary attention.

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~~At~~ During the session of the Memphis Hospital Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.

## MEDICAL NEWS AND MISCELLANY.

### Rational Treatment of Infantile Diarrhea.

For years the treatment of Diarrhea in children, commonly known as summer complaint, has been a stumbling block for the practitioner mainly because the true nature of the disease was never thoroughly understood. As a matter of fact, the prevention of the disease is quite easy, but as it depends altogether with the parent who has the children in charge, neglect is always accountable for the sickness. The result is that the physician is seldom called until the mischief has been done.

Under the circumstances, rapid treatment has to be resorted to if fatalities are to be avoided. The main point is to modify the diet, suppressing objectionable food, particularly milk not properly modified in strength and sterilized. Meanwhile the bowels should be kept in a thoroughly aseptic condition.

An experience of ten years or more has demonstrated that this is better accomplished through the use of Tyree's Antiseptic Powder. One teaspoonful or less of this powder diluted in a pint of tepid water makes an ideal wash for the intestines as an enema. The same antiseptic powder proves also eminently beneficial administered internally. This fact is amply demonstrated by physicians who have for years made a clinical use of *Tyree's Antiseptic Powder*.

### Summer Complaint

The mucous membrane of the gastro-enteric tract rids itself of the inciting material of Summer Complaint with the assistance of very little internal medication, though this act is not performed without making a demand upon the general store-house of energy. Add to this the depression caused by toxæmic absorption and the marked exhaustion of an acute attack is readily explained.

Probably there is no better aid to further beneficial medication than Antiphlogistine applied warm and thick over the entire abdomen. The dressing to be immediately covered with absorbent cotton and a suitable compress. Peristaltic spasm is at once reduced, intestinal comfort promoted and refreshing slumber invited. Acting reflexly, Antiphlogistine restores the muscular tone of the intestinal walls and energizes the entire economy to resist the prostration from summer complaint so common to infant and adult during the humid months.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page two.)



## Antiseptic Treatment of . . . . Dysentery

*Dysentery is a local disease—inflammation of the lower bowel.*

Its rational treatment is by the most convenient route—by antiseptic high irrigation per rectum. The best agent for this purpose is a hot, copious, mild solution of

### Tyree's Antiseptic Powder.

This should be repeated at frequent intervals, governed by the severity of the case.

Other intestinal disorders are much benefited by the same treatment, by which the reabsorption of inflammatory exudates is prevented.

TYREE'S ANTISEPTIC POWDER, first introduced for treatment of inflammation of the vagina, has proved to possess remarkable healing powers for ALL MUCOUS MEMBRANES.



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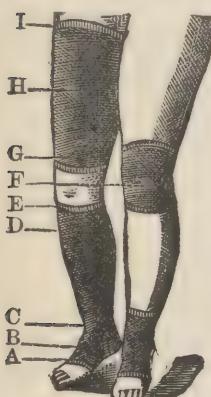
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*Can be Worn Day and Night.*



### PNEUMATIC PADS

Give circumference of Abdomen on line of Rupture.  
 State if for Right or Left.



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Give exact Circumference and length in all cases.

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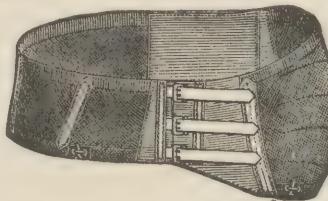
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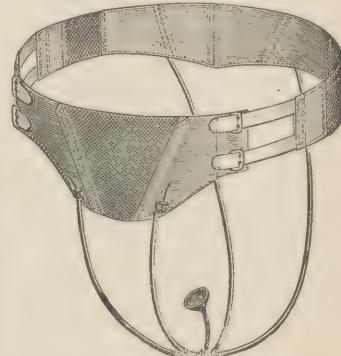
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The origin, evolution and interdependence of the different species of animals are themes ever full of interest.

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Practically, as declared in Holy Writ, man was given dominion over the beast of the field and the fowls of the air. He cannot cope with the elephant or lion in strength, but he can devise traps and pitfalls in which to capture them. He cannot run with the deer nor fly with the eagle, but he can invent an explosive swift enough, and rifles accurate enough to overtake either of them.

Brain triumphs over brawn; mind conquers muscle. The ponderous elephant obeys the pusilanimous prod of his pigmy keeper, because the prod is wielded by a superior intelligence. Timid philosophers and pessimists indict this fact of supremacy and dominion as a mere opportunity for cruelty. It is nothing of the kind. It is predestination—a part of the original plan.

Throughout the entire length of the chain, the lower orders contribute to the higher. But for this law of interdependence and necessity the progress of the race would have halted ages ago, and in its noblest representatives of to-day would rank no higher than the recently discovered "little bushmen" who skulk in the jungles of unexplored Africa.

Life sustains life—it is the law, order and sequence of nature. Our present knowledge does not enable us to define this mysterious life, but we know how it is nourished. The animal transmutes plant, pulp and seed into assimilable nutrient, dissolves it in a saline fluid (serum) and sends it coursing through the distributing channels of the body. It is free from waste, distilled, refined, perfected by unerring vital chemistry—it is ready for instant use.

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We can not reiterate it in too strong language that the blood is the soul sustainer of life. It carries, contains and contributes every atom, element and molecule of matter that goes to build, sustain and restore the human body—muscle, nerve or brain, flesh or framework. None of the artificially prepared

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|         | Ext. Nuc. Vom.   | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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I have prescribed Sanmetto in a number of cases of incontinence of urine, with gratifying results. I believe it to be a remedy par excellence in all cases of genito-urinary complaints. I have reason to believe that Sanmetto possesses aphrodisiac properties equaled by few remedies at our command.

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Sanmetto is a valuable preparation. Indeed, I have found it one of the most valuable remedies in the treatment of gonorrhea and all kidney and bladder affections, either acute or chronic, and can endorse same to the medical profession.

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I have used Sanmetto very extensively in my practice for years, and as evidence of my perfect satisfaction will say that I continue to prescribe it in all difficult cases. In cystitis, prostatitis, incontinence, impotency and many cases of hematuria I use Sanmetto with assurance of perfect success. In my female practice I find it the remedy par excellence, especially as a sexual tonic and a mammary rebuilder. I shall continue its use in typical cases.

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No. 9.

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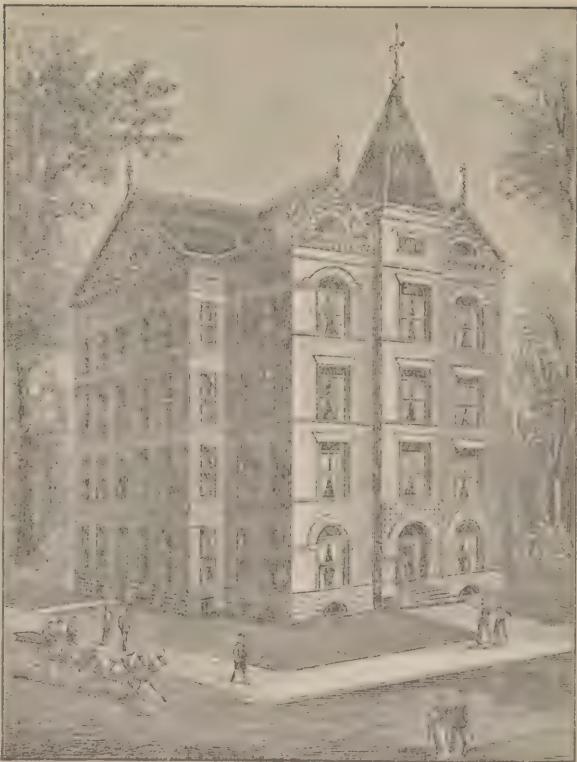
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Professor Theory and Practice of Medicine,  
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## MEDICAL NEWS AND MISCELLANY.

### Treatment of Eczema of the Scalp,

Parker pleads for more patience and perseverance in the treatment of this troublesome affection. So many physicians prescribe time or pronounce the condition hopeless that parents often discredit the physician who promises recovery within a reasonable time. The first measure in successful treatment is a thorough washing and shaving of the head. Castile soap and much water of a temperature not less than 100 F. should be used. The same water should not touch the head twice and pledgets of absorbent cotton are to be used to remove the crusts. When cleansed the head should be dried with a clean soft towel. During treatment the pillow case should be consigned to the wash-tub each morning and a clean one put into its place. These are not over particular but imperative details, if favorable results are desired. Jugglery in prescriptions cannot avail and rigid hygienic measures, extending to all the surroundings, must accompany medical treatment. The second step is in the case of nursing infants to treat the morbid constitutional condition, generally found in the mother. The alterative, iodia, is nearly always applicable and in severe cases should be administered to both mother and child. If the irritability attending the eruption requires special treatment, bromidia should be given. Some children will require an easily assimilated iron tonic. The bowels must be kept open with a mild aperient given in the early morning. Locally boroglyceride is the best ointment. Eethol is also a remedy of much value, being a powerful corrector of depraved conditions in fluids and tissues. It is employed diluted, according to the severity of the case, and sprinkled upon a thin cap of surgeon's cotton. The cap should be removed, and the old one burned, daily.—*Medical News.*

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“Conditions have changed. With freedom thrust upon them the negroes were left to hustle for themselves. They had no money and were forced to go scantily clad and live upon food cast aside by the white people. Without any one to direct them they became filthy, and the conditions under which they have lived have been unsanitary. As an evidence of how they live I call your attention to the fact that only recently a house was raided by the police in which seventeen negroes, men, women and children, were found living together within one small room, without a single bedstead and only a handful of dirty, unsanitary bedclothing to sleep upon. No wonder their health has been impaired, and no wonder there has been lineal deterioration.”—*Searcy, N. Y. Times Report.*

## Antiseptic Treatment of . . . . Dysentery

*Dysentery is a local disease—inflammation of the lower bowel.*



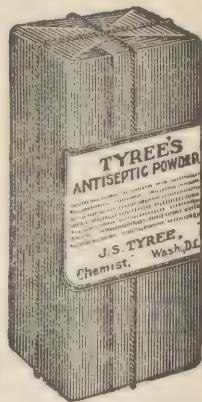
Its rational treatment is by the most convenient route—by antiseptic high irrigation per rectum. The best agent for this purpose is a hot, copious, mild solution of

### Tyree's Antiseptic Powder.

This should be repeated at frequent intervals, governed by the severity of the case.

Other intestinal disorders are much benefited by the same treatment, by which the reabsorption of inflammatory exudates is prevented.

TYREE'S ANTISEPTIC POWDER, first introduced for treatment of inflammation of the vagina, has proved to possess remarkable healing powers for ALL MUCOUS MEMBRANES.



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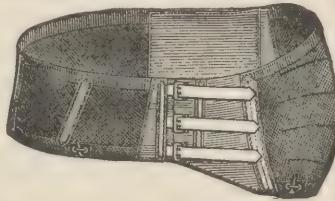
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## ABDOMINAL SUPPORTER

Give exact circumference of abdomen at K, L, M.



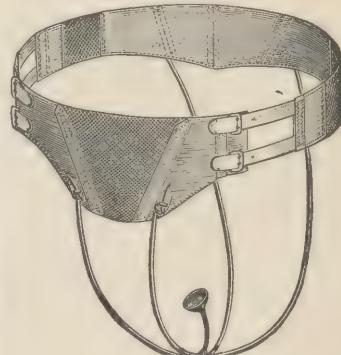
.....M

.....L

.....K

Silk Elastic ..... \$3 25  
Thread Elastic ..... \$2 50

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WE SOLICIT THE PHYSICIAN'S PATRONAGE DIRECT.

Give Measure 2 inches below Navel.

State if for Prolapsus, Retroversion or Anteversion.

Net Price to Physicians, \$2.00

### **Hay Fever.**

There are many theories regarding the causation of *Hay Fever*, including Uric Acid or other depraved state of the system, Micro-Organisms in the air, and pollen from plants. Whatever theory is adopted and a systematic treatment undertaken to correspond with it, it has been found that intelligent local treatment is productive of great benefit.

For this purpose a thorough washing or douching of the nasal passages with a weak hot solution of *Tyree's Antiseptic Powder* has been found very beneficial. It cleanses the membrane of poisonous secretions, soothes its irritability, and strengthens it to resist further invasion. By frequent repetition as soon as any feeling of discomfort begins to return, the attack can be greatly shortened and the patient made comparatively comfortable throughout its duration.

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### **Germ Destroying and Nerve Soothing.**

The following excerpt from an article in the *Virginia Medical Monthly*, by Stephen J. Clark M.D., No 68 W. 10th. street of this city, plainly outlines the useful combination of two leading remedies in *materia medica*:

“Binz claims specific antiseptic powers for quinine; other writers are in accord with him on this point, and report good results from large doses in septicaemia, pyemia, puerperal fever and erysipelas. It is a germ destroyer of the bacilli of influenza (*la grippe*). Antikamnia and quinine tablets will promptly relieve in this disease. Quinine is a poison to the minute organism, sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose (two five-grain tablets) of this remedy will often arrest a commencing pneumonia or pleuritis. These tablets are also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinine and antikamnia, as previously said, being decided fever reducers. They are likewise most valuable in cases of periodical attacks of headache of nondefined origin; of the so-called ‘bilious attacks’; of dengue; in neuralgia of the trigemini; in that of ‘ovarian catarrh’; and, in short, they are effective in every case where quinine would ordinarily be prescribed and without the ‘ringing’ which generally accompanies the administration of quinine alone.”—*New York Medical Journal*.

# TWO EXAMPLES

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### Pil. Antiseptic Co.

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|---------|------------------|---|----------|
| FORMULA | Sodium Sulphite, | - | 1 gr.    |
|         | Salicylic Acid,  | - | 1 gr.    |
|         | Pv. Capsicum,    | - | 1-10 gr. |
|         | Pepsin Conc't,   | - | 1 gr.    |
|         | Ext. Nuc. Vom.   | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

Specify "Warner & Co." when prescribing.

We make the most soluble Hypodermic Tablets offered; Send for a specimen.

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| FORMULA | Mass. Chalybeate, | - | 2½ gr. |
|         | Ext. Nuc. Vom.    | - | ½ gr.  |
|         | M. Ft Pil. No. j. |   |        |

SUGAR COATED ONLY PINK TINT

The best method for the administration of iron in an assimilable form to which is added the tonic effect of the Nux Vomica.

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The New York Polyclinic is a school for teaching graduates the most recent methods of diagnosis and treatment in every department of medicine. The clinical material is abundant, and the hospital wards adjoin the lecture rooms. Since the fire in 1896, a new building has been erected and thoroughly equipped and the Institution is now prepared to offer better facilities than ever. Students may enter at any time.

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**Dermatology**—Edward B. Bronson, M. D.; Andrew R. Robinson, M. D.

**Ophthalmology**—R. O. Born, M. D.; W. E. Lambert, M. D.; David Webster, M. D. (Emeritus.)

**Laryngology and Rhinology**—B. Bryson Delauan, M. D.; Joseph W. Gleitmann, M. D.; Robert C. Myles, M. D.; Francis J. Quinlan, M. D.

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**Obstetrics**—Edward A. Ayers.

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### Fish Food.

In one of the popular medical journals of the day the editor has devoted considerable space to the revival of the old myth that fish food is rich in phosphorus, hence is excellent as brain and nerve food. The origin of this statement came from Germany many years ago when a leading scientist wrote, "without phosphorus, no thought." The great scientist Aggisia in an address in favor of a fish commission urged the same idea and attributed it to Dumas, the French Chemist. In reality, there is less phosphorus in fish than in wheat and it is very doubtful if phosphorus has any specific value, even if taken in large quantities. Mark Twain exploded this delusion long ago in a funny story. A young author submitted to him some poetry in which he quoted the sentence attributed to Aggisia, that a fish diet and phosphorus was necessary to make brains. Mark Twain said that if the author believed that eating fish would give him brains and the specimen of poetry submitted was an average of what he could do, he would advise that the author should eat a couple of whales before he wrote anything more and they must be of the largest kind.—*Charlotte Medical Journal*.

---

### Melancholia, Insomnia and General Lowering of Nerve Power.

In a very forceful and exceedingly interesting paper on this subject, published in the *Cincinnati Lancet-Clinic*, Dr. T. D. Fink of Lorisville, Ky., writes the following:—"I am convinced that there is no other remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anemic headache, emotional distress, and active delusions of apprehension and distrust as Antikamnia Tablets. These tablets also increase the appetite and arterial tension, promote digestion, and are particularly serviceable in relieving the persistent headache which accompanies nervous asthenia. In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, they are of peculiar service. Patients who suffer from irritable or weak heart, needing at times an analgesic, can take them without untoward after-effects, knowing that the heart is being fortified. In delirium tremens, they relieve when there is great restlessness with insomnia and general lowering of the nerve power. The pain of locomotor ataxia yields to treatment with Antikamnia Tablets in a remarkable degree, their analgesic power being of a peculiar kind, in that they will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc., also lumbago, sciatica and myalgia. In chronic catarrh of the stomach, with its often accompanying headaches, in cardiac dropsy, and in ascites, they are of decided benefit".

**THE PERFECT LIQUID-FOOD**—Exhibits 50 per cent.

Choicest Norway Cod Liver Oil with the Soluble Phosphates.

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THE CHAS. H. PHILLIPS CHEMICAL CO., New York.

Vol. VII.

OCTOBER 1903.

No. 10.

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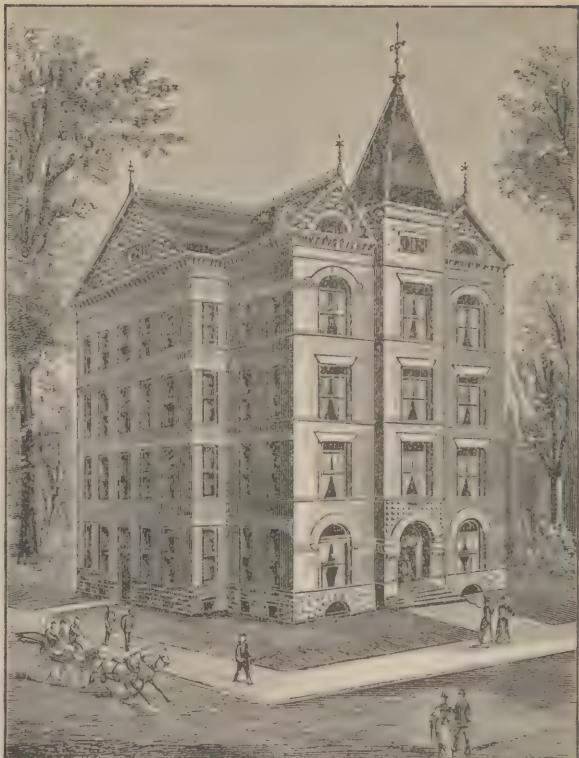
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It is newly furnished throughout.

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DOSE: One to three teaspoonfuls according to the amount of Bromides required.

Full size sample to physicians who will pay express charges  
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### CHIONIA

From Chionanthus Virginicus. Re-establishes portal circulation without producing congestion. Invaluable in all ailments due to hepatic torpor.

DOSE: One to two teaspoonfuls three times a day.

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Has many Advantages over other Heart Stimulants

Each pillet represents one one-hundredth of a grain CACTINA, the active proximate principle of CEREUS GRANDIFLORA.

Dose:

One to four pillets three times a day

SAMPLES MAILED TO PHYSICIANS ONLY

## SENG

Promotes Normal Digestion by encouraging the flow of Digestive Fluids  
A Most Successful Treatment for INDIGESTION

A palatable preparation of PANAX SCHINSENG in an aromatic essence

DOSE: One to two teaspoonfuls three times a day

A full size bottle, for trial, to physicians who will pay express charges

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A remedy of acknowledged value in the treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing:

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~~During the session of the Memphis Hospital Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.~~

## MEDICAL NEWS AND MISCELLANY.

Dr. L. A. Murdock of Port Gibson has removed to St. Joseph, La.

THE GERM OF RABIES.—Dr. A. Negri, Golgi's assistant at Pavia, announced last March the discovery of the specific micro-organism of rabies. After further investigation he states that he has examined more than one hundred dogs with natural or laboratory rabies, and has never failed to find the specific micro-organism in the nerve centers. On the other hand he has never found it in other dogs,—*Medical News*.

W. P. Spratling, in an article on Epileptic Aura, published in *Med. News* for July 18, 1903, says that his experience leads him to believe that the more sudden, severe and complete the epileptic attack, the less likely it is to be preceded by an aura, while the further the convulsion departs from the classical type, the more common and distinct the aura; and while at present but little use of these important initial manifestations of the epileptic state is made, they justify close and analytic study as contributing possible guides to the seat of the disease.—*Brooklyn Medical Journal*.

MEDICAL DAILY.—*The Daily Medical Journal* is scheduled to appear October 1, 1903. The prospectus announces a six-page journal, 12x15 inches in size, in full affiliation with the associated press, and 100,000 copies. The editorial staff has not yet been announced.—*Review of Reviews*.

The next meeting of the Mississippi Valley Medical Association will be held at Memphis, Tenn., Oct. 7, 8, 9.

The directors of the Memphis Medical college have established a lectureship, named in memory of the late William E. Rogers M. D., founder of that institution. The lectureship was established upon the suggestion of the faculty. Once during each session a lecture will be given by a specialist in some branch of medical science, at the invitation of the faculty. The first lecture will be given about the middle of November by Dr. Charles H. Hughes, of St. Louis. Dr. Hughes is a professor in the medical department of Washington university. He is considered one of the most brilliant teachers and writers in the medical profession.—*Memphis Morning News*.

The "National Dental Association" at the recent meeting, held at Asheville, N. C.:

*Resolved, That it is the sense of the 'National Dental Association' that each Medical College in the United States should include in its curriculum a lectureship on 'Oral Hygiene, Prophylaxis, and Dental Pathology.'*

# HAY FEVER

There Are Many Theories



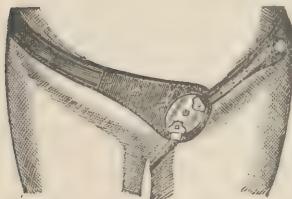
regarding the causation of HAY FEVER, including Uric Acid or other depraved state of the system, Micro-Organisms in the air and pollen from plants. Whatever theory is adopted and a systemic treatment undertaken to correspond with it, it has been found that intelligent local treatment is productive of great benefit. For this purpose a thorough washing or douching of the nasal passages with a weak hot solution of **Tyree's Antiseptic Powder** has been found very beneficial. It cleanses the membrane of poisonous secretions, soothes its irritability, and tones it up and strengthens it to resist further invasion. By frequent repetition as soon as any feeling of discomfort begins to return, the attack can be greatly shortened and the patient made comparatively comfortable throughout its duration.

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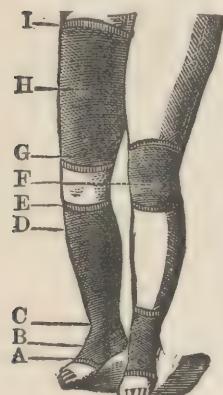
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State if for Right or Left.



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The dental profession feels that with the introduction of the teaching of Oral Hygiene in the public schools, which they are striving to accomplish, and the co-operation of medical men who have been specially instructed on this subject, a great stride will have been made toward the prevention of caries of the teeth, not to mention many other good results to the general system which would surely follow a better care of the oral cavity.

**Sanmetto in Urinary Irritability in the Aged of Both Sexes, in Enuresis in children, and in Sexual Atony, Especially the Sexual Aversion among Women with Mammary Non-Development.**

I have used Sanmetto extensively in my practice, and am now prescribing it two or three times daily, and have to meet with the first disappointment in well chosen cases. I use it with feelings of assurance in urinary irritability in the aged of both sexes: in enuresis in children; and in sexual atony, especially the sexual aversion among women with mammary non-development or mammary atrophy, because of nursing. Its action seems to be very remarkable upon the glands of the genito-urinary tract. Many cases of immature organs rapidly develop under its use, and the atonic condition of abused organs relieved. I like Sanmetto and shall continue its use where indicated.

Jackson, Mich.

JOHN D. NORTH, M.D.

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**The Advantages of Combining Remedies.**

John Moir, L. R. C. P. & L. R. C. S. Ed., in "*The Therapist*," London, says: "Latterly I have been using heroin very extensively in tablet form in combination with antikamnia, and found the combination to act charmingly, both for relieving pain and in procuring comfortable, restful sleep, so very desirable and necessary after sleepless periods, caused by a protracted, irritable cough. The soothing rest in these cases was also characterized by a light but well-marked fall in temperature; but the greatest benefit of all in this treatment is that, although the distressing frequency of the respiration was reduced, it was stronger and heavier and less spasmodic, with a beneficial effect upon the heart at the same time. The tablets I use contain antikamnia 5 grs., heroin hydrochlor. 1-12 gr., and were given every two, three or four hours, in cases of cough, bronchitis and respiratory affections generally, according to the severity of the symptoms, but usually one tablet every three hours. I found that the respiration was rendered easy, the expectoration was loosened

# TWO EXAMPLES

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|         | Pv. Capsicum,    | - | - | 1-10 gr. |
|         | Pepsin Conc't,   | - | - | 1 gr.    |
|         | Ext. Nuc. Vom.   | - | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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| FORMULA | Mass. Chalybeate, | - | 2½ gr. |
|         | Ext. Nuc. Vom.    | - | ½ gr.  |
|         | M. Ft Pil. No. j. |   |        |

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The best method for the administration of iron in an assimilable form to which is added the tonic effect of the Nux Vomica.

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Dermatology:—Edward B. Bronson, M. D.; Andrew R. Robinson, M. D.  
Ophthalmology:—R. O. Born, M. D.; W. E. Lambert, M. D.; David Webster, M. D. (Emeritus.)  
Laryngology and Rhinology:—B. Bryson Delauan, M. D.; Joseph W. Gleitmann, M. D.; Robert C. Myles, M. D.; Francis J. Quinlan, M. D.  
Otology:—Frederick Whiting, M. D.  
Neurology:—B. Sachs, M. D.  
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without difficulty, and sleep was more readily obtained than with morphine, and unlike morphine there were no after-effects. I have, personally, been taking Antikannia and Heroin Tablets three times a day for an irritating cough, with occasional inclination to breathlessness; so that I have every reason to be thoroughly satisfied with them as sedatives and calmatives."

**Sanmetto in Prostatitis, Urethritis, Cystitis.**

I have used Sanmetto extensively in my practice for some years, and in well chosen cases have always gotten good results. I look upon it as a most valuable remedy in prostatitis, urethritis, cystitis, and in fact all inflammatory conditions of the genito-urinary tract.

Jackson, Mich.

W. J. CHITTOCK, M.D.

**Excerpt from the London Daily Chronicle.**

The general results of the recent discussion in this paper on the relative value and safety of various antiseptics derive confirmation from a monograph which we have received from the Pasteur Institute of Paris. We described the volatile or essential oils of plants as the safest—and the most pleasant, might have been added—of antiseptics for direct human use; that of eucalyptus holding a very high place. A couple of professorial members of the Association of Analytical Chemists of the Pasteur Institute have been studying Listerine, which is named after the great English surgeon. Listerine is a mixture of the essential oils of thyme, eucalyptus, baptisia, wintergreen and mint. It has relative non-toxic properties peculiar to these oils, but the Parisian savants have brought out the important fact that the mixture of oils is much more potent than any one of them singly. It attacks more than one joint in the bacterial armour. Carbolic acid—used so much mainly because it is the original antiseptic employed by Lister—is 146 times as toxic as Listerine.

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page two), which is an elegant preparation.

**Sanmetto in Enlarged Prostate, with Suppression of Urine, and Chronic Inflammation of Bladder.**

I have used Sanmetto in enlargement of the prostate, suppression of urine and chronic inflammation of the bladder, and can recommend its use for any and all of the troubles of the urinary tract.

Columbus, Ohio.

J. A. WILSON, M.D.

THE BEST RE-CONSTRUCTIVE—  
**Phillips' Phospho-Muriate of Quinine,**  
COMPOUND.

• (The Soluble Phosphates with Muriate of Quinine, Iron and Strychnine.)

Permanent.—Will not disappoint. **PHILLIPS'**, Only, is Genuine.

THE CHAS. H. PHILLIPS CHEMICAL CO., New York.

Vol. VII.

NOVEMBER 1903.

No. 11.

# MISSISSIPPI MEDICAL RECORD.

PUBLISHED MONTHLY

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N      tion, in their normal association and  
O      in a peptonised form, all the sub-  
P      stances in Beef and Wheat that can  
E      be digested and assimilated in the  
P      body. Panopepton is a food that  
T      sustains the sick and gives strength  
O      to the weak and delicate.

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Each fluid drachm represents 15 grains  
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Lithium.

DOSE:  
One to three teaspoonfuls according to  
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Full size sample to physicians who will pay express charges  
PEACOCK CHEMICAL CO., ST. LOUIS

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From Chionanthus Virginica.  
Re-establishes portal circulation without  
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all ailments due to hepatic torpor.

DOSE: One to two teaspoonfuls three  
times a day.

## CHIONIA

## CACTINA PILLETS

Has many Advantages over other  
Heart Stimulants

Each pillet represents one one-hundredth of  
a grain CACTINA, the active proximate  
principle of CEREUS GRANDIFLORA.

Dose:  
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## SENG

Promotes Normal Digestion by encouraging the  
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A Most Successful Treatment for  
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A palatable preparation of PANAX  
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A full size bottle, for trial, to phys-  
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**For diseases of the uric acid diathesis: Lambert's Lithiated Hydrangea**

A remedy of acknowledged value in the treatment of all diseases of the urinary system and of especial utility in the train of evil effects arising from a uric acid diathesis. A pamphlet of "Clippings" of editorials on this subject may be had by addressing:

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## DISEASES OF THE RECTUM

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Professor Theory and Practice of Medicine,  
Memphis Hospital Medical College.  
Clinical Instructor in Diseases of the Rectum,  
Memphis Hospital Medical College.  
Consulting Physician, St. Joseph's Hospital.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

**Dr. Max Henning,**

Quiz Master Theory and Practice of Medicine,  
Memphis Hospital Medical College.  
Ass't. Demonstrator in Operative Surgery on  
Cadaver, Memphis Hospital Medical College.  
Ass't. Clinical Instructor on Diseases of the Rec-  
tum, Memphis Hospital Medical College.  
Surgeon to Rectal Dept., St. Joseph's Hospital.

Are prepared to treat all diseases of the rectum at St. Joseph's, Presbyterian, or City Hospitals, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send rectal cases away from home for treatment, may feel assured that the same will receive every necessary attention.

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~~During the session of the Memphis Hospital Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge—the patient paying his board, \$10.00 per week.~~

## MEDICAL NEWS AND MISCELLANY.

In prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the Robinson-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on page two, this issue.

“Antiphlogistine renders ready service to the patient and physician by promptness and positiveness of action.”

### Palatable Yet Effectual.

There is a wide spread belief, that physicians as a rule consider well-founded, that cod liver oil is not only a remedy of decided power, but a food of very high value. Every physician knows however that a very large number of patients who should, and doubtless would get much good from it, cannot or will not take it: This is largely due to the fact that the ordinary preparations are so nauseating as to cause serious digestive disturbances, while in many cases the stomach will not even retain them. It is notorious that the so-called “tasteless” preparations are indeed tasteless because they contain no cod liver oil, but there is a preparation that contains all the potent elements of cod liver oil in a form pleasant to the taste and agreeable to the weakest stomach. We refer to Hagee’s Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda. Eminent physicians pronounce it a triumph in modern chemistry and prescribe it when cod liver oil treatment is indicated. In our hands results with it have been most satisfactory.—*Massachusetts Medical Journal.*

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In all nervous affections Daniel’s Conct. Tinct. Passiflora Incarnata acts primarily as a sedative and anti-spasmodic and secondarily as a stimulating, invigorating food, eagerly appropriated by the deprived system. In cases of insomnia Passiflora causes complete rest by giving flexibility to rigid and rigorous nerves, allowing the patient to sleep comfortably and producing no injurious effects from which he will suffer from awakening. In nervousness from dysmemorrhea, dentition or sudden shock Passiflora produces the most desired results. It is the best remedy known to the profession for suggesting natural sleep.

# HAY FEVER

There Are Many Theories



regarding the causation of HAY FEVER, including Uric Acid or other depraved state of the system, Micro-Organisms in the air and pollen from plants. Whatever theory is adopted and a systemic treatment undertaken to correspond with it, it has been found that intelligent local treatment is productive of great benefit. For this purpose a thorough washing or douching of the nasal passages with a weak hot solution of **Tyree's Antiseptic Powder** has been found very beneficial. It cleanses the membrane of poisonous secretions, soothes its irritability, and tones it up and strengthens it to resist further invasion. By frequent repetition as soon as any feeling of discomfort begins to return, the attack can be greatly shortened and the patient made comparatively comfortable throughout its duration.

Tyree's Antiseptic Powder, first introduced for treatment of inflammation of the vagina, has proved to possess remarkable healing powers for all Mucous Membranes.

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Give circumference of Abdomen on line of Rupture.  
State if for Right or Left.

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|        | each.  | each.  | each.  |
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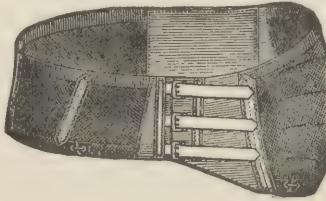
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.....M

.....L

.....K

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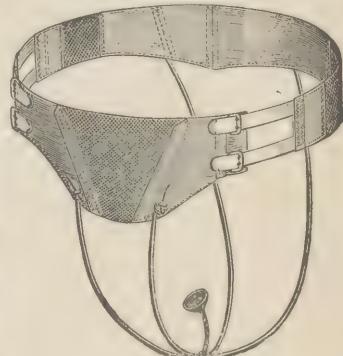
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Give Measure 2 inches below  
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version or Anteversion.



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### **A Diagnostic Chart of Tumors and Pseudo-Tumors.**

Battle & Co. have just issued a complete and unique chart on the above subject, compiled by Dr. Edward C. Hill from standard works on surgery and pathology. The subject matter is divided into solid neoplasma (sub-divided into benign and malignant growths) and true and false cysts. The general characteristics of each division are given and their twenty-four classes, embracing one hundred varieties, are compared critically in columns under the following headings: *Tissue, Topography, Number, Size, Conformation, Color, Consistency, Mobility, Sensibility, Surrounding Tissues, Occurrence, History of Growth, and Miscellaneous Points.* Features of special differential value are emphasized by the use of *italics.* This chart shows almost at a glance for ready comparison all that could be learned in a diagnostic way from the perusal of hundreds of pages of ordinary text. It stands in such books as an atlas does to a gazetteer. This very convenient and valuable compendium is at the command gratis of every practitioner of medicine, who will take the trouble of writing a postal card to Battle & Co., 2001 Locust street, St. Louis.

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### **The Treatment of Symptoms.**

In a highly interesting article on this subject, Walter M. Fleming A.M., M.D., of New York City, uses the following language:

“ Long experience in the treatment of diseases in their incipiency, evidences beyond all debate, that almost invariably, the attack in a large proportion of cases is inaugurated by febrile symptoms of greater or lesser severity. Also, it may be noticed that constipation or torpid inactivity of the bowels prevails. Therefore, the first indication in the incubation or incipiency of the attack, of almost any form or nature, is primarily to allay the fever, pain-nervousness and solicitude of the patient, and secondarily to empty the alimentary canal. These two ends being accomplished, a long advance towards a possible abortive issue of the attack has been made, or in any event, the first indication and requirements are fulfilled, in proper progress toward a cure.

Thus in the primary treatment of the numerous ills, which are characterized by the above quoted symptoms, the physician will find Laxative Antikamnia & Quinine Tablets at once handy, convenient and reliable, safe and sure, and to which the turbulent symptoms of fever, constipation, pain-nervousness, nausea and generally wretched depression yield so promptly and gracefully, that it is certainly refreshing to the physician himself, to note the change in his patient, from suffering and solicitude to comfort and quiet. I certainly know of no other remedy which will so readily and decisively allay and control the symptoms above enumerated.”

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|---------|-------------------|---|----------|
| FORMULA | Sodium Sul. hite, | - | 1 gr.    |
|         | Salicylic Acid,   | - | 1 gr.    |
|         | FV. Car. sicum,   | - | 1-10 gr. |
|         | Pepsin Conc't,    | - | 1 gr.    |
|         | Ext. Nuc. Vom.    | - | ½ gr.    |

Very efficacious in Dyspepsia and Intestinal Indigestion, and especially valuable in cases of mal-assimilation of food.

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"The treatment of inflammation through the medium of Antiphlogistine has the endorsement of every active practitioner as the most approved method of curative procedure."

#### **It is a Bad Habit**

To whip up the waning physiologic functions of elderly people with strychnine and alcohol; after a short time the deleterious reaction is more certain than the primary stimulation. These patients need help of a character not furnished by a powerful stimulant—their functions need gentle reinforcement and, experience proves, the best agent for this purpose is Gray's Glycerine Tonic.

The atonic digestive disturbances almost constantly present in old age are promptly overcome by the use of Gray's Tonic. It stimulates the enfeebled digestive glands to secrete abundant supply of gastric juice. This in turn, assists the assimilation of food and improves the general nutrition. Then too, these patients feel better because the remedy acts as a prop to the entire system; they are less languid, are not so easily fatigued upon exertion and are mentally more alert. Many physicians report that the routine employment of Gray's Tonic in those patients in whom are present the signs and symptoms of old age, imparts a degree of comfort and well-being, free from after effects, not obtainable from any other medication; one physician states "it picks them up and holds them together."

Another strong reason for the use of Gray's Tonic in elderly people is that it wards off the tendency to inflammations of the respiratory organs; this fact has been noted and commented upon for many years past and is doubtless due to the fortifying action of the remedy upon the general constitution and its specific influence upon the respiratory tract.

Experience shows that it is good practice to administer Gray's Tonic to all patients in whom are noticeable the symptoms due to advancing years. The absolute freedom of the remedy from depressing or other detrimental reaction makes it the safest and most preferable means of combating the exhaustion and enfeeblement of age.

**TYREE'S ANTISEPTIC POWDER**—for leucorrhœa, gonorrhœa, gleet and all such conditions, should have your attention. You can spend a great deal of money on this class of preparations if you wish to, by paying for the water that is with them, but Mr. Tyree is selling only the powder, leaving you to mix it with water and so make your own solution. The powder itself sells at a very low price. This merits your attention. See advertisement on page 15.

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Choicest Norway Cod Liver Oil with the Soluble Phosphates.

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Vol. VII.

DECEMBER 1903.

No. 12.

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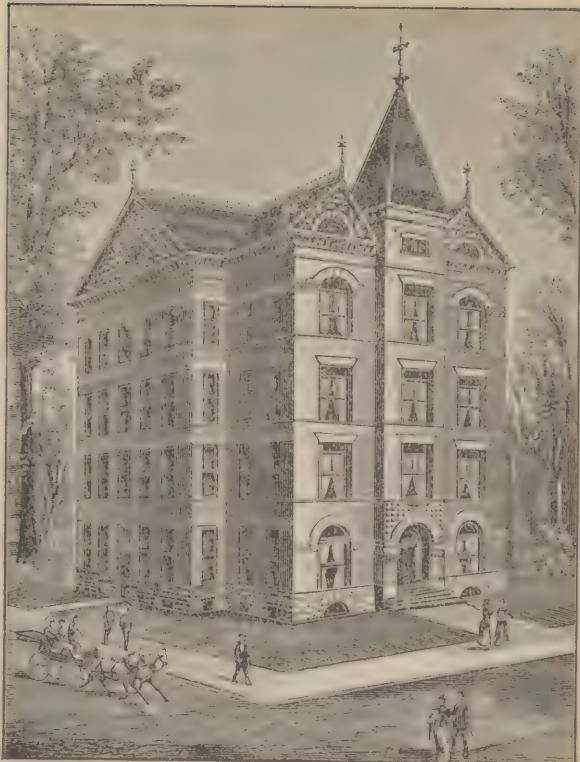
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Promotes Normal Digestion by encouraging the  
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A palatable preparation of PANAX  
SCHINSENG in an aromatic essence  
DOSE: One to two teaspoonfuls three times a day

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## DISEASES OF THE RECTUM

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Professor Theory and Practice of Medicine,  
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Clinical Instructor in Diseases of the Rectum,  
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Consulting Physician, St. Joseph's Hospital.  
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**Long Distance Telephone 478. 299 Main St., MEMPHIS, TENN.**

During the session of the Memphis Hospital Medical College from November to April, all charity cases of Rectal Diseases will be treated Free of Charge the patient paying his board, \$10.00 per week.

## MEDICAL NEWS AND MISCELLANY.

Gravel (*Buffalo Medical Journal*) prefers the term dyssemia to anemia, since the condition generally meant by the latter term is not really one of diminution in the quantity of the blood but a deterioration in its quality. An exhaustive description of the changes in the blood is concluded with the statement that the majority of cases of dyssemia are secondary to diseases attended with malassimilation, tissue waste, hemorrhages, profuse discharges, and that it is often due to a condition of auto-toxemia from the absorption of toxins generated by bacteria.

He finds Pepto-Mangan (Gude) the ideal treatment in these conditions, since it contains iron and manganese in the form of peptonates, which, "representing albuminous elements in their last stage of digestion, are immediately absorbed and assimilated, without undergoing any previous transformation in the gastro-intestinal tract."

He reports thirteen cases, in which he derived most excellent results from the use of this remedy, and concludes that the results "entitle the preparation to a leading place in ferruginous medication."

Messrs. E. B. Treat & Co., the well-known New York publishers, announce that they have now in press "THE BLUES (Splanchnic Neurasthenia) CAUSES AND CURE," by Albert Abrams M.D., F.R.M.S., an octavo of 80 pages, which will be sold for \$1.25; also Part IV of the series of monographs by Prof. Von Noorden, three of which have already been reviewed by this journal in the past year, which will treat of "AUTOINTOXICATION."

Recent issues from their press are "PLAIN HINTS FOR BUSY MOTHERS" and Rockwell's "MEDICAL AND SURGICAL ELECTRICITY," both of which we have reviewed recently, and a collection of lectures on Electricity, Massage, Baths and Exercise by T. S. Dowse M.D., F.R.C.P., under the title "TREATMENT OF DISEASE BY PHYSICAL METHODS."

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page two of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we recommend specially to the notice of Practitioners.

# The Age of Antisepsis

DOCTOR, this is pre-eminently the age of ANTISEPSIS, but the problem is how to secure that in a manner at once the most convenient and harmless, and at the same time accompanied by such an effect upon the tissues as to lead to rapid healing.

In TYREE'S ANTISEPTIC POWDER you will find a combination so skillfully made that it is destructive to pathogenic bacteria and yet bland and unirritating to the most delicate mucous membrane, and its application is accompanied by such a mild degree of stimulation and astringency as to promote the rapid healing of the tissues with which it comes into contact.

It has been used very successfully in Uterine and Vaginal Catarrhs, Gonorrhœa and Gleet, in Dysentery, in Catarrhs of the Nose and Throat, and in Inflammation of the Mouth and Gums. Its great economy and convenience consists in the fact that you add the water yourself—paying for only the Antiseptic Powder. Thousands of physicians are making successful use of it every day. If you will only try it you will be quickly convinced of its great value.

## WAR DEPARTMENT

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WASHINGTON, D.C., Jan. 3, 1890.

This is to certify that the exact antiseptic strength of "TYREE'S PULV. ANTISEPTIC COMP." is one part of the powder to fifty of water (1.50). Test-tubes containing peptonized beef broth were charged with the powder. (Tyree's Antiseptic Powder.) The solutions were then inoculated with the Anthrax Bacillus, and with the Staphylococci of Pus, and the tubes placed in the incubator for 48 hours at a temperature of 38° C. On removing tubes from the incubator, it was found that in the solutions of one in ten to one in fifty there was no development of bacteria.

W. M. GRAY, M.D., Microscopist to Army Medical Museum.

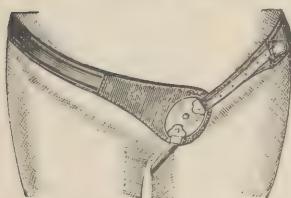
If unfamiliar with this preparation, write for a trial package, which I shall take pleasure in sending you free of all charge.

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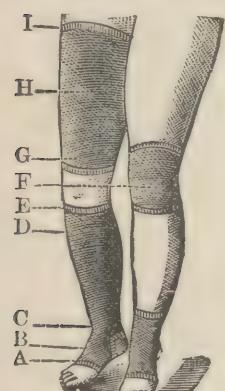
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Can be Worn Day and Night.



### PNEUMATIC PADS

Give circumference of Abdomen on line of Rupture.  
State if for Right or Left.



### ELASTIC STOCKINGS.

Give exact Circumference and length in all cases.

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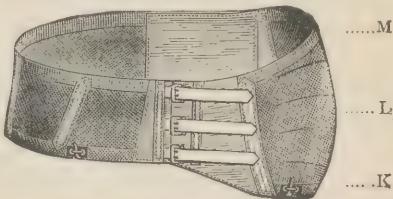
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**G. W. FLAVELL & BRO.,**

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## ABDOMINAL SUPPORTER

Give exact circumference of abdomen at K, L, M.



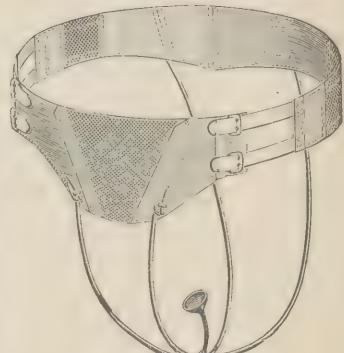
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| Silk Elastic   | \$3.25 |
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## FLAVELL'S UTERINE SUPPORTER.

WE SOLICIT THE PHYSICIAN'S PATRONAGE DIRECT.

Give Measure 2 inches below  
Navel.

State if for Prolapsus, Retro-  
version or Anteversion.



Net Price to Physicians, \$2.00

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We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. But here, the application should cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy. Among the latter, perhaps none has met with so grateful a reception as Antikannia Tablets, and justly so. Given a frontal, temporal, vertical or occipital neuralgia, it will almost invariably arrest the head-pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhoea; they have served well in the pleuritic pains of advanced pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.—*National Medical Review.*

### *Battle & Co., Chemists, St. Louis:*

I have the pleasure of telling you of a most remarkable experience had with the bottle of eethol you kindly forwarded me last month. When I received the sample of eethol I had been treating a young man about ten days for what I diagnosed as ulcer of the stomach. For a year before coming to me he had occasionally seen dark colored blood in his alvine discharges, and now and then, he had vomited blood of a lighter hue. There was an indurated spot on the body of the stomach about twice the size of a silver dollar which had been giving him trouble for some time. Could trace no history of cancer in his family. After putting him on teaspoonful doses of eethol four times a day, he came to my office and smilingly told me the hard spot had gone. I examined him and found it to be true. During this last week he had been on eethol alone. The vomiting had also ceased and he had gained in bodily vigor. Gave him a second vial of same, cautioned him as to eating and exercise, and discharged him in fine spirits. I wonder if this case can be matched?

Lytle, Texas, Oct. 14, 1903.

JOHN F. NEAL, M.D.



WITHDRAWN



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